Dawnna Dukes
Chair

TEXAS HOUSE OF REPRESENTATIVES

AGENDA

SELECT COMMITTEE ON CHILD PROTECTION

MADAME CHAIR DAWNNA DUKES
TUESDAY, JULY 1, 2014
10:00A.M.
JOHN H. REAGAN (JHR) 140

I. CALL TO ORDER

II. CHAIR'S OPENING REMARKS

III. OVERVIEW FROM THE AGENCIES

- DR. KYLE JANEK, EXECUTIVE COMMISSIONER, HEALTH AND HUMAN SERVICES COMMISSION
- JOHN SPECIA, COMMISSIONER, DEPARTMENT OF FAMILY AND PROTECTIVE SERVICES
- DR. DAVID LAKEY, COMMISSIONER, DEPARTMENT OF STATE HEALTH SERVICES

IV. STAKEHOLDER PANEL 1:

- JOY RAULS, EXECUTIVE DIRECTOR, CHILDREN'S ADVOCACY CENTERS OF TEXAS
- DR. JAMES LUKEFAHR, PROFESSOR OF PEDIATRICS, UNIVERSITY OF TEXAS HEALTH SCIENCE CENTER SAN ANTONIO, DIVISION OF CHILD ABUSE PEDIATRICS; MEDICAL DIRECTOR, CENTER FOR MIRACLES
- CHRISTOPHER KIRK, SHERIFF, BRAZOS COUNTY

V. STAKEHOLDER PANEL 2:

- TINA AMBERBOY, EXECUTIVE DIRECTOR, SUPREME COURT PERMANENT JUDICIAL COMMISSION FOR CHILDREN, YOUTH AND FAMILIES
- VICKI SPRIGGS, CHIEF EXECUTIVE OFFICER, TEXAS COURT APPOINTED SPECIAL ADVOCATES
- NANCY HOLMAN, EXECUTIVE DIRECTOR, TEXAS ALLIANCE OF CHILD AND FAMILY SERVICES

VI. ADJOURN

Health and Human Services Commission (HHSC)

TEXAS
Health and Human
Services Commission

Presentation to the Select Committee on Child Protection

Kyle Janek, MD
Executive Commissioner
Health and Human Services Commission

July 1, 2014

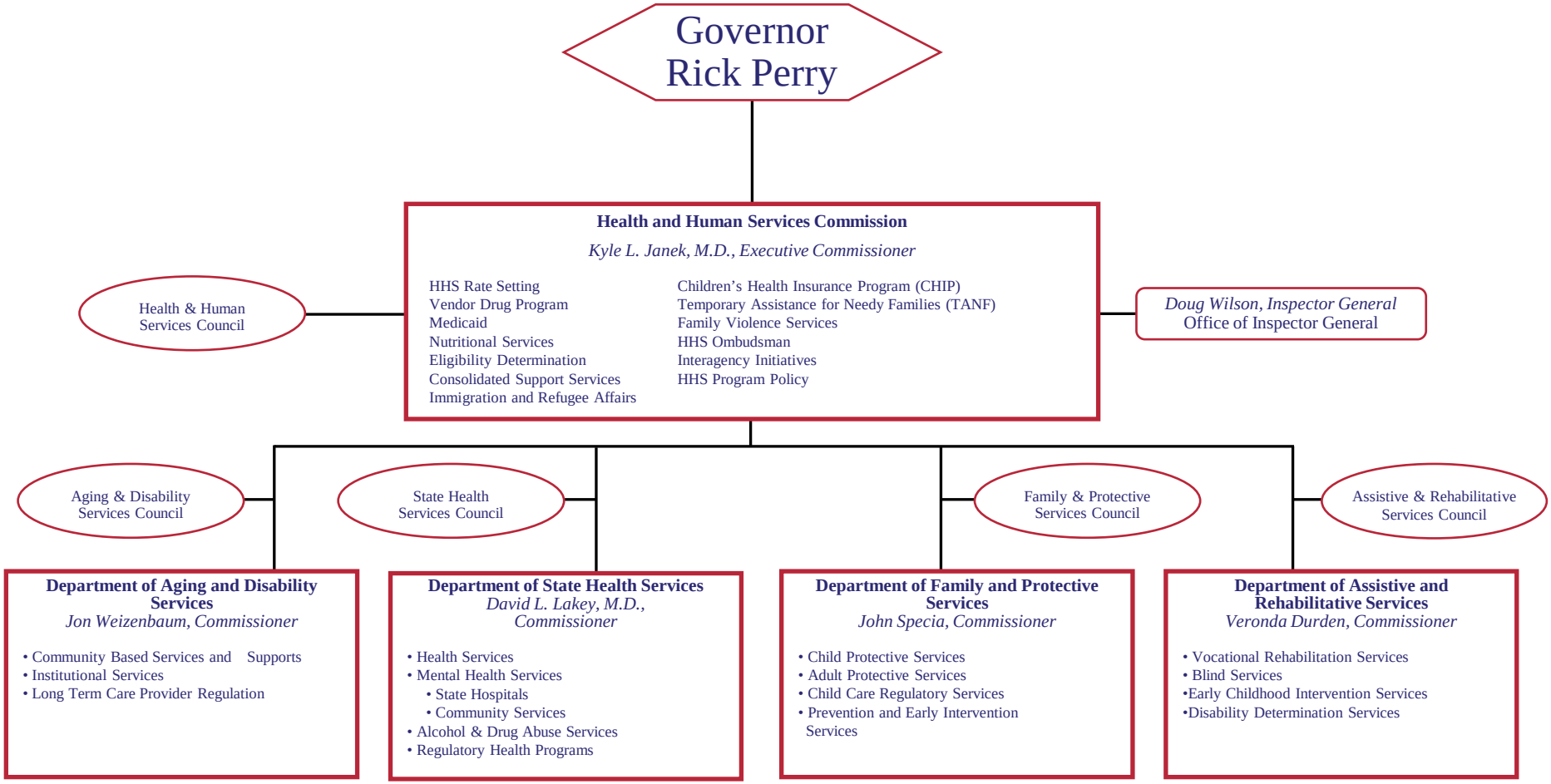
TEXAS Health and Human Services Commission

Overview

- HHS System Organization
- HHSC Support Functions
  - Forecasting
  - Rate Analysis
  - Policy Coordination
- Medicaid for Foster Care Programs
  - STAR Health program
  - Traditional Medicaid

TEXAS Health and Human Services Commission

Health and Human Services Organization



HHSC System Forecasting support to the CPS System

- HHSC System Forecasting's main function is providing historical and forecasted caseload and cost data to DFPS Finance for various CPS System components:
  - Paid Foster Care (including Paid Foster Care FTEs, Relative Paid Foster Care, Foster Care Redesign, Supervised Independent Living (SIL), Home and Community Based Services (HCS)
  - Adoption Subsidy and Permanency Care Assistance (PCA)
  - Relative or Other Designated Caregiver (RODC)
  - Day Care
  - Projected Caseload Per Caseworker
- Monthly historical updates are provided along with quarterly forecasting updates to DFPS Finance and the LBB.
- HHSC System Forecasting is responsible for the forecasting of most of the DFPS related Performance Measures.

HHSC Rate Analysis support to DFPS

- Develops payment rate recommendations for HHSC Executive Commissioner consideration for:
  - 24 Hour Residential Child Care
  - Intensive Psychiatric Transition Program
  - Supervised Independent Living
  - Foster Care Redesign blended rates for Single Source Continuum Contractors
  - TJJD Halfway Houses
- Determines method of finance for various rates (i.e., what portion of each rate is eligible for IV-E federal matching funds) for services provided to children who are IV-E eligible.
- Develops rate methodologies and manages rate methodology rules.
- Designs, collects and analyzes provider cost reports.
- Provides support for SAO audits required under Texas Government Code, Section 2155.1442(b).
- Develops Consolidated Budget rate increase requests.
- Conducts budget neutrality analyses for foster care redesign.

TEXAS Health and Human Services Commission

Child Protection Policy Coordination at HHSC

- HHSC administers multiple task forces and councils tasked with improving coordination, efficiency, and effectiveness of state programs for children and families, including Child Protective Services.
- These include:
  - The Council on Children and Families
  - Interagency Task Force for Children with Special Needs (ITFCSN)
  - Task Force on Domestic Violence
  - The Children's Policy Council (CPC)
  - Texas System of Care Consortium

TEXAS Health and Human Services Commission

Disproportionality

- In 2005, SB 6 directed systemic CPS reform at DFPS.
- SB 501 (2011) created The Center for the Elimination of Disproportionality and Disparities to address disproportionality and disparities in Texas health and human services.
- SB 501 also created the Interagency Council for Addressing Disproportionality tasked with reviewing the delivery of services to children who are members of a racial and ethnic minority group in the child welfare, juvenile justice, health, and mental health systems, while also examining best practices, training, and availability of funding.
  - The Interagency Council expired in December, 2013, but its members have continued to meet on an ad hoc basis and will submit a report in December, 2014.
  - The Center for Elimination of Disproportionality and Disparities and the Interagency Council meet within CPS regularly to collaborate on data, training, technical assistance, and coordination of resources and supports to address disproportionality and disparities.

TEXAS Health and Human Services Commission

Medicaid for Foster Care Programs

- HHSC provides Medicaid benefits for children and young adults in DFPS conservatorship and certain former foster care children who have been adopted or age out of the system.
- These benefits are provided through one of two Medicaid programs:
  - The STAR Health Program, or
  - Traditional Medicaid via fee-for-service or the STAR program (capitated MCO model).

TEXAS Health and Human Services Commission

STAR Health Program

- The majority of children and young adults in DFPS conservatorship are eligible for the STAR Health program.
- STAR Health provides traditional Medicaid benefits with the addition of some benefits tailored to the needs of this population:
  - Health Passport
    - The Health Passport is a computer-based system that was created to make sure medical information follows each child in DFPS conservatorship wherever they go.
  - Immediate eligibility
  - A statewide network of providers
  - An increased focus on behavioral health services
  - Psychotropic Medication Utilization Reviews
  - Service Management and Service Coordination
  - Telemedicine

TEXAS Health and Human Services Commission

Traditional Medicaid

- Children or young adults in DFPS conservatorship excluded from STAR Health receive services through fee-for-service Medicaid. Examples include:
  - Youth who are dually eligible for Medicaid and Medicare, and those living in institutions such as nursing facilities, state supported living centers, Texas Youth Commission (TYC), or Texas Juvenile Probation Commission (TJPC) Facilities.
- Many children adopted through DFPS are eligible for Adoption Subsidies and accompanying Medicaid benefits.
  - This population is currently served in fee-for-service and will transition into the STAR program on 9/1/15.

TEXAS Health and Human Services Commission

Traditional Medicaid

- Certain former foster care children are eligible for Medicaid benefits.
- The Former Foster Care Children Program (FFCC) covers children and young adults up to age 26 who:
  - aged out of Texas conservatorship at the age of 18 or older, and
  - received Medicaid at the time of aging out of foster care.
- FFCC recipients are covered under STAR Health until the end of the month of their 21st birthday, and STAR beginning the month after their 21st birthday.

Department of Family and Protective Services (DFPS)

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Department of Family and Protective Services

House Select Committee on Child Protection

Interim Charge Presentation

Judge John Specia, DFPS Commissioner

July 1, 2014

TEXAS Department of Family and Protective Services

Interim Charges

- Monitor the ongoing efforts of the Department of Family and Protective Services (DFPS), the work of the Protect Our Kids Commission and the National Commission to Eliminate Child Abuse and Neglect Fatalities, and any relevant Sunset Commission recommendations;
- Assess the efficacy of ongoing prevention efforts that target resources to families at risk;
- Examine regulatory policy and contract oversight within the child welfare system;
- Consider ways to encourage consistent, transparent, and timely review of abuse and neglect fatalities;
- Monitor ongoing efforts to stabilize the CPS workforce, placing specific emphasis on improving work environment, enhancing the quality of supervision, and addressing the unique challenges facing different regions of the state;
- Suggest improvements to the screening, assessment, training, and support of potential foster and kinship families;
- Evaluate the ability of children and youth within the system to report maltreatment;
- Monitor ongoing efforts to enhance the use of data to improve outcomes; and
- Consider strategies to ensure better coordination and collaboration among local agencies, faith-based organizations, the private sector, non-profits, and law enforcement to reduce the incidence of abuse and neglect fatalities.

TEXAS Department of Family and Protective Services

Presentation Overview

- The Vision and Values of CPS
- Overview of CPS and its Functions
- CPS Organization
- Case Flow
- Demographic Changes Impacting CPS
- Major Legislative Efforts

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Department of Family
and Protective Services

Part One

Child Protective Services Vision & Values

The CPS Vision

Children First: Protected and Connected

CPS Values

- Respect for Culture
- Inclusiveness of Families, Youth and Community
- Integrity in Decision Making
- Compassion for All
- Commitment to Reducing Disproportionality

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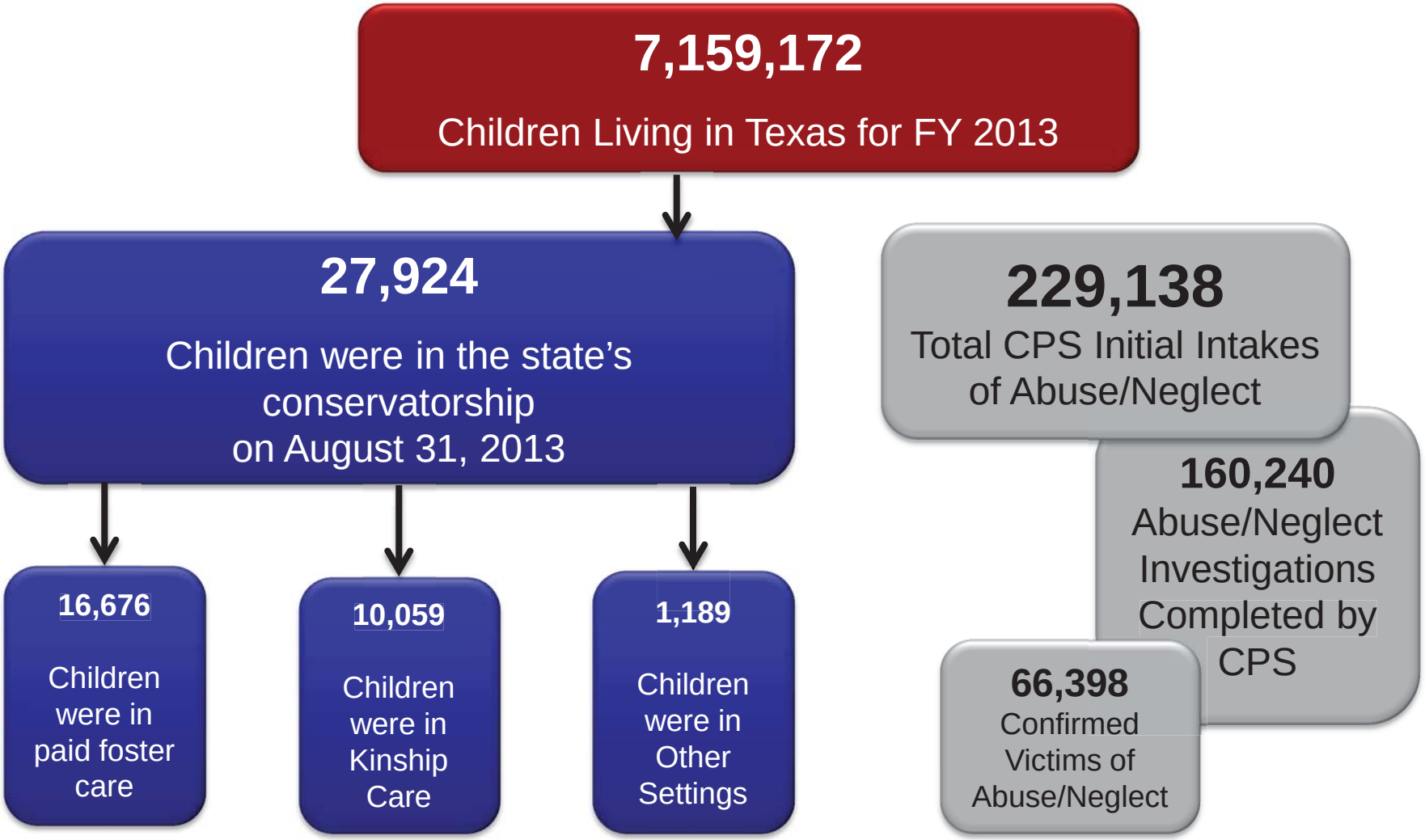
Department of Family
and Protective Services

Part Two

Overview of CPS and Its Functions

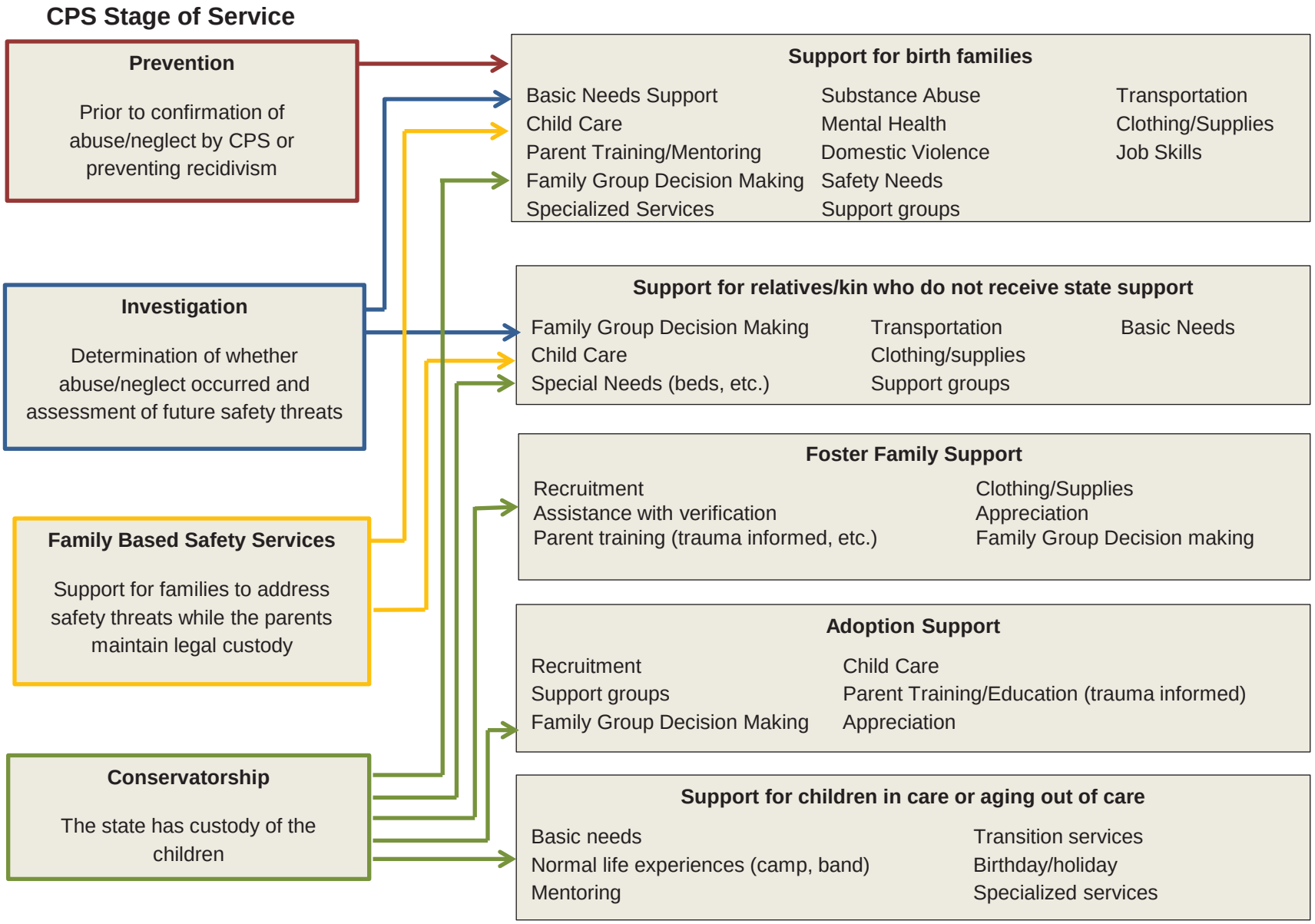
TEXAS Department of Family and Protective Services

DFPS Child Data



TEXAS Department of Family and Protective Services

Stages of Service



Prevention & Early Intervention

- Helps communities build strong families by contracting with community organizations to provide a variety of evidence-based child and family support services
- Produces Public Awareness Campaigns on issues such as child abuse prevention, safe sleeping and water safety

Prevention & Early Intervention

Child Abuse and Neglect Prevention services focuses on strengthening the following **five protective factors** in a family:

1. Nurturing and attachment between parent and child;
2. Parent's understanding of child development;
3. Parental Resilience;
4. Ability to access and rely on social supports and connections; and
5. Ability to access and utilize concrete supports.

Prevention & Early Intervention

PEI Programs	Description	Number of Contracts	Number of Counties Covered	Number of Youth/ Families to be Served
Services to At-Risk Youth	Family crisis counseling, respite care, and universal prevention	31	254	26,945
Community Youth Development	Youth leadership activities in 15 targeted zip codes	13	15	13,343
Texas Families: Together and Safe	Parent education, support, and home-visiting	4	19	3,266
Community-Based Child Abuse Prevention	Fatherhood Education and Support	2	3	274
Community-Based Child Abuse Prevention	Parent Education and Respite Care	3	4	719
Community-Based Child Abuse Prevention	HEAL (Home Visiting, Education and Leadership)	3	3	To be determined

Prevention & Early Intervention

PEI Programs	Description	Number of Contracts	Number of Counties Covered	Number of Youth/ Families to be Served
Other "At-Risk" Programs				
Community-Based Family Services	Parent education, support and home-visiting for families investigated and closed out by CPS	2	6	470
Statewide Youth Services Network (SYSN)	Juvenile delinquency prevention programs	2	254	1,192
Healthy Outcomes through Prevention and Early Support (HOPES)	Targeted community funding for collaborative services to support families with children 0-5	8	8	To be determined
Helping through Intervention and Prevention (HIP)	Home-visiting for targeted high-risk families with newborn children.	Based on Targeted Families		

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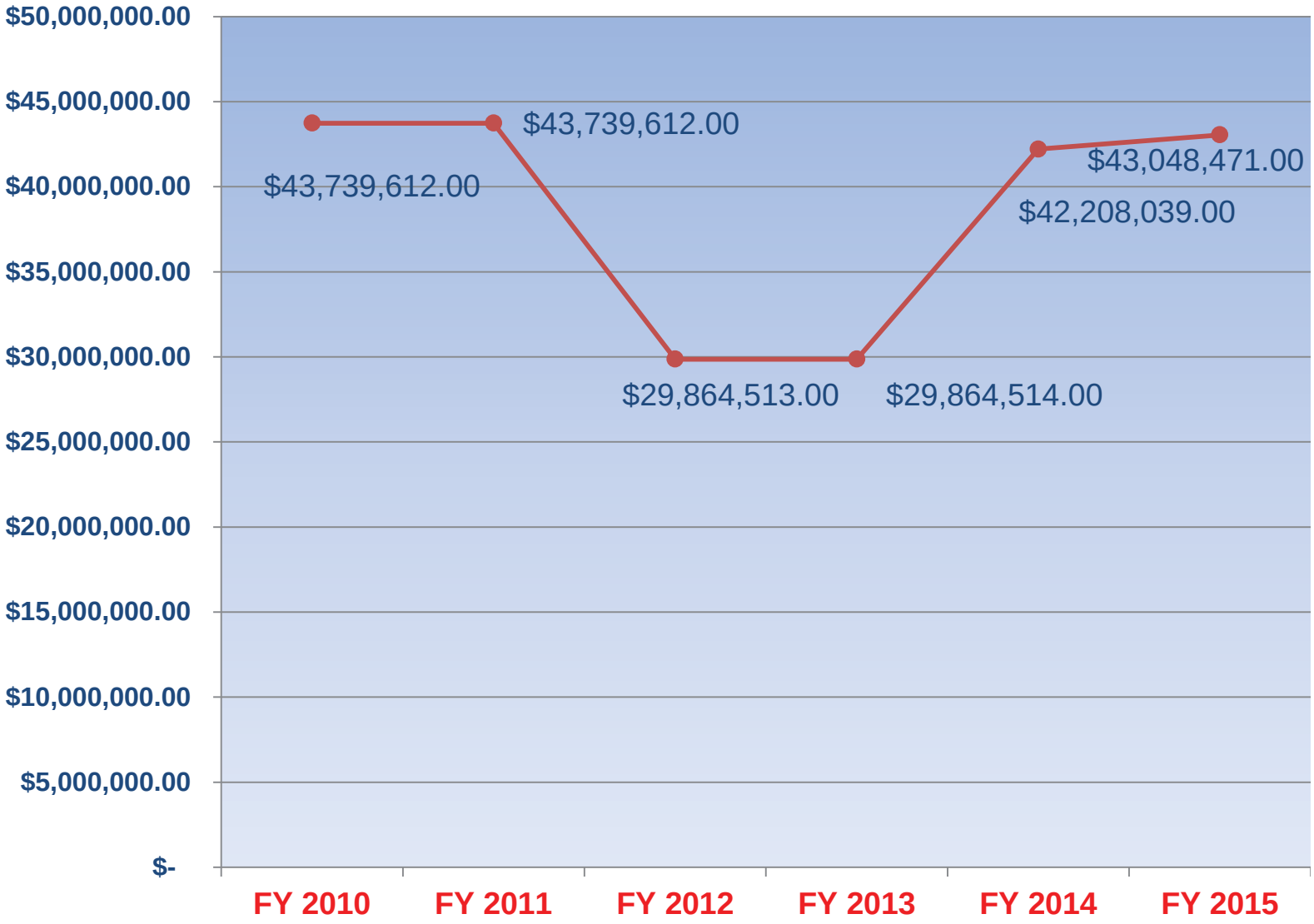
PEI's Program Funding



Investigations

Investigate allegations of abuse, neglect, and exploitation of children. In the event risk, abuse/neglect, or exploitation is discovered, then corrective action is taken to ensure the safety of the children.

TEXAS Department of Family and Protective Services

Investigations

During an investigation, CPS:

- Interviews parents or caretakers, and others who know about the family
- As necessary, develops a plan to ensure the child's safety. This safety plan may stipulate a temporary placement outside the home
- Determines if child abuse or neglect occurred
- Assesses if the child is safe
- Evaluates if the child is at risk of future harm

TEXAS Department of Family and Protective Services

Investigations

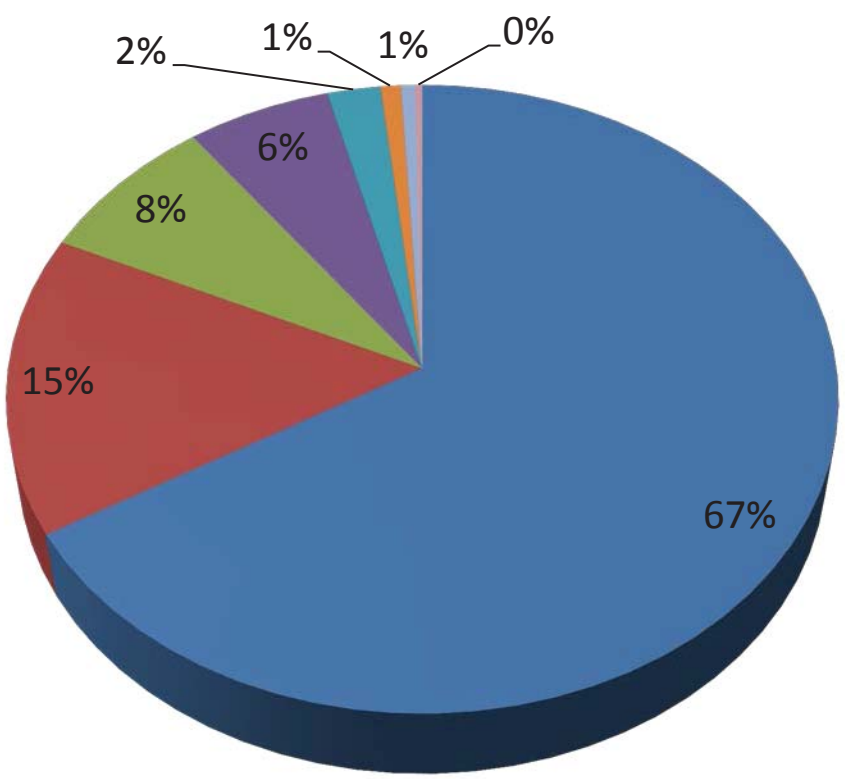
During an investigation, CPS may refer a child or family for services in the community such as:

- Individual or family therapy
- Parenting classes
- Medical assistance
- Mental health services
- Substance abuse assessment and treatment
- Programs offering financial assistance for utilities, rent, or childcare

TEXAS Department of Family and Protective Services

Investigations

Confirmed Allegations of Child Abuse/Neglect by Type of Abuse, FY 2012



- Neglectful Supervision (50,724)
- Physical Abuse (11,734)
- Sexual Abuse (6,009)
- Physical Neglect (4,697)
- Medical Neglect (1,737)
- Refusal to Accept Personal Responsibility (659)
- Emotional Abuse (492)
- Abandonment (187)

TOTAL CONFIRMED ALLEGATIONS 76,239

Source: Data Book FY13, p. 41

Services

If CPS is concerned about a child's safety, the case may be referred to ongoing services:

- **Family Based Safety Services** - Parents retain legal custody with the child in the home or, sometimes with the parent's consent, the child temporarily goes to live with someone else until it is safe to return home
- **Substitute Care Services** – CPS removes child from home and seeks legal custody

Family Based Safety Services

- Family Based Safety Services (FBSS) goals are to ensure a child's safety and reduce the risk of future harm, while keeping the family intact.
- FBSS services may include:
  - Purchased client services such as daycare, counseling, or parent training.
  - Referrals to available community resources.
- In FY 2013, 29,332 families and 82,017 children received Family Preservation Services.

Substitute Care Services

If CPS staff determines it is not safe for a child to live with his or her own family, then CPS petitions the court to remove a child from the home by obtaining temporary managing conservatorship.

When a child is in substitute care, DFPS staff:

- Develop and implement a time-limited reunification service plan to correct the conditions placing the child at risk;
- Prepare the child and family for the child's return; or
- Find alternative permanent placements for children who cannot safely go home.

Substitute Care Services

Services provided during substitute care can include:

- Kinship Care
- Foster Care Services
- Transitional Living Services
- Life Skill Training for Youth 14 and Older
- Medical, Behavioral and Other Health Services

Substitute Care Services

In FY 2013, 17,022 children were removed from their home:

- 12,629 removed as a result of an investigation
- 4,393 from an open stage of service

On August 31, 2013:

27,924 children were in substitute care:

- 16,676 were in foster care
- 11,248 children were in other types of substitute care

Permanency

Courts have 12 months to issue final orders for children in DFPS conservatorship. 6-month extensions are available in extraordinary circumstances.

The final order will result in one of the following:

- Reunification with the family (5,647);
- Adoption (5,364);
- Name a relative or another person as the permanent managing conservator (4,907); or
- Appoint DFPS as the permanent managing conservator and remaining in care (1,328).

Adoption

DFPS seeks adoptive homes for children who have had parental rights terminated.

Adoption Assistance is available to eligible children to help offset costs to potential adoptive parents. The assistance can include:

- Monthly financial benefit;
- Medicaid benefits; and/or
- One-time reimbursement of non-recurring expenses

5,364 children were adopted from DFPS in FY 2013

Preparation for Adult Living

Children who are age 13 and above are offered help with transitioning to adulthood through the Preparation for Adult Living (PAL) program.

The PAL program includes the PAL Life Skills Assessment & Life Skills Training in the following areas:

- Health and safety
- Housing and transportation
- Job readiness
- Financial management

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Part Three

CPS Organization

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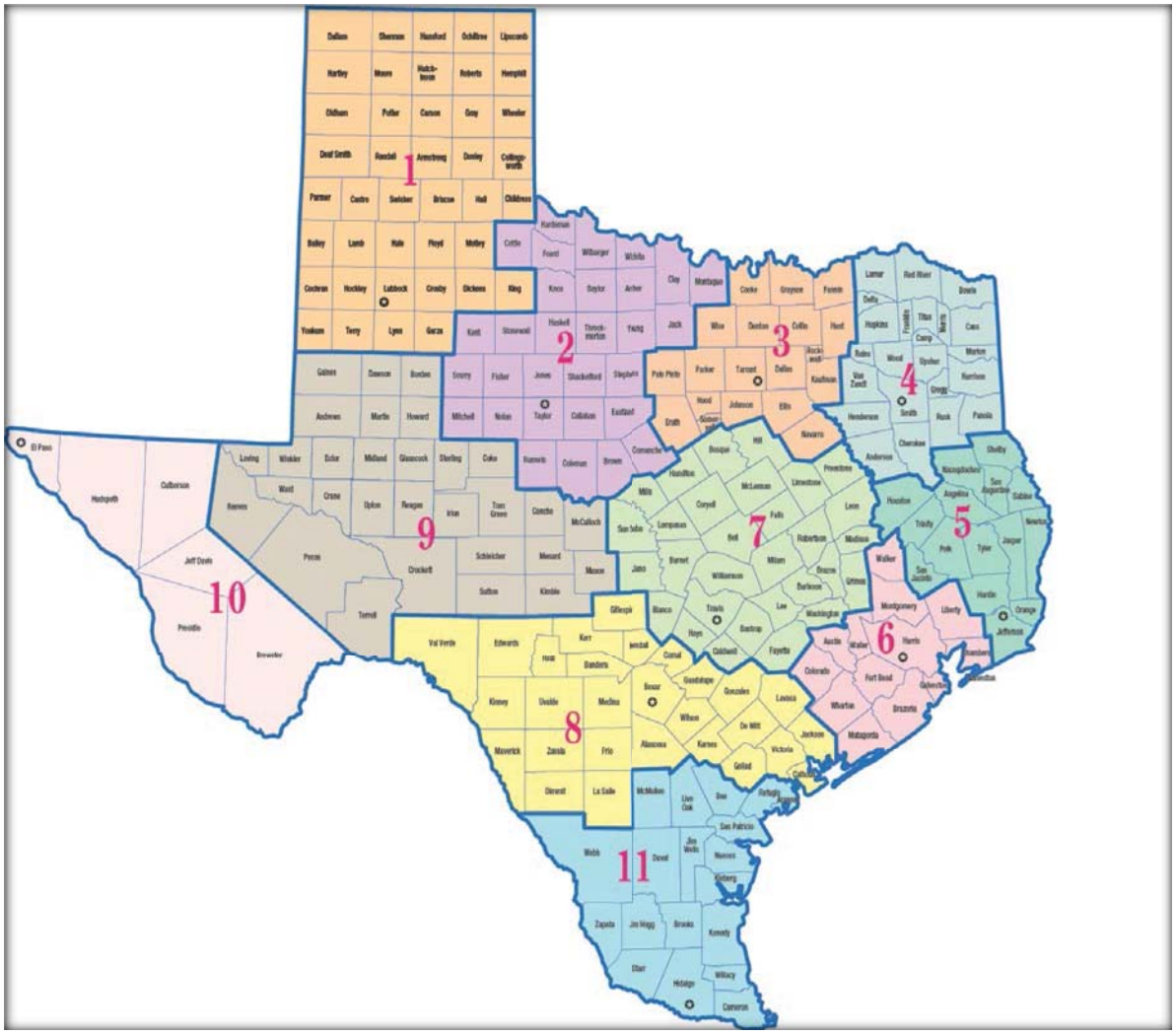
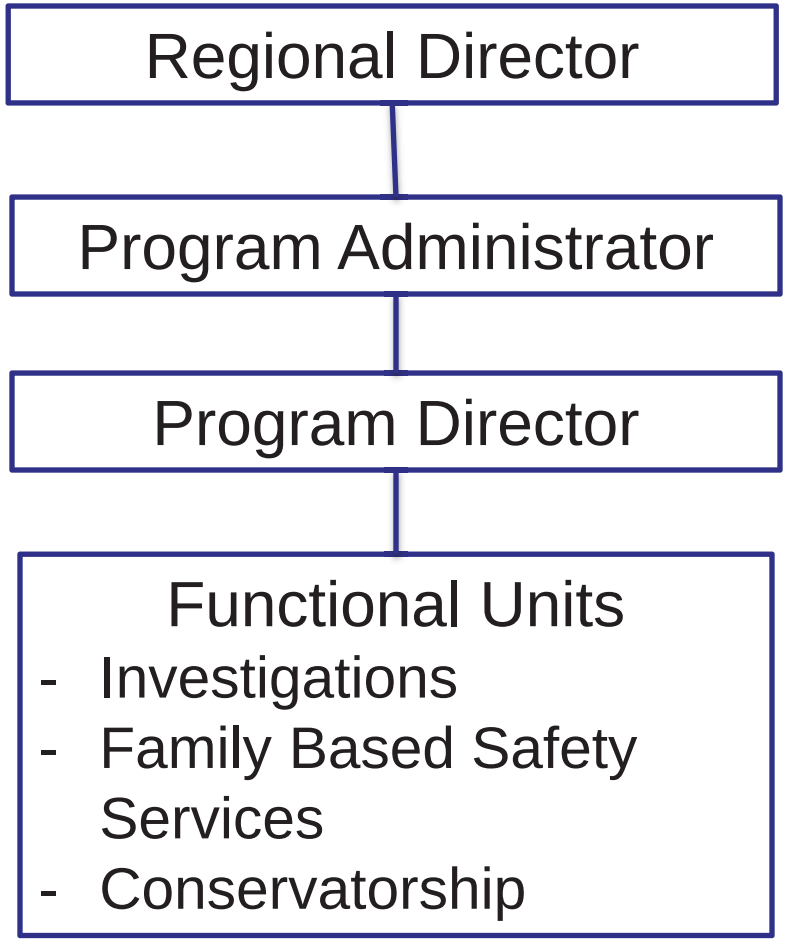
DFPS Regions



Functional Units

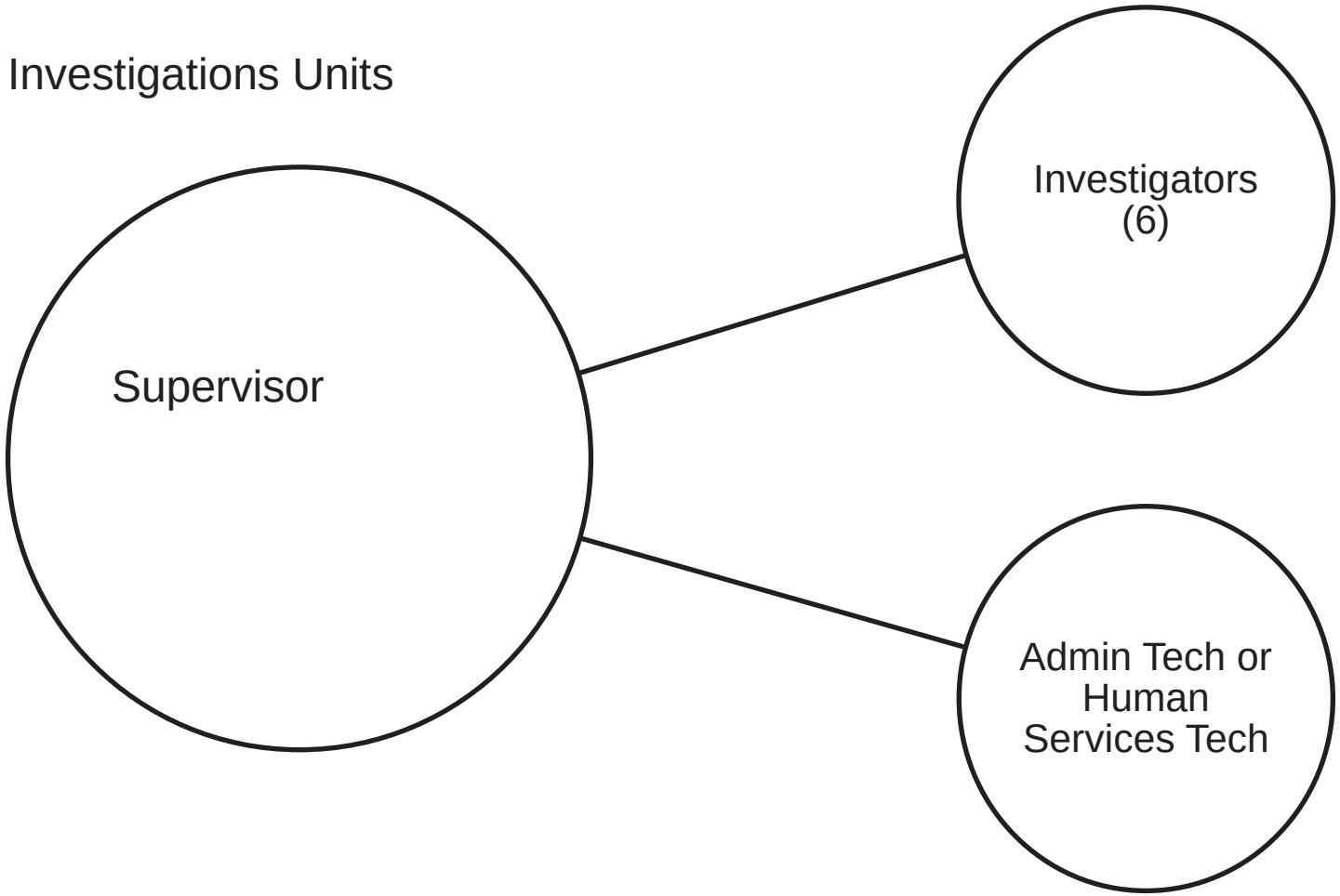
- Units specialized by function are deployed in 3 stages of service:
  - Investigations,
  - Family Based Safety Services, and
  - Conservatorship
- Specialists provide support to functional units:
  - Child safety specialists
  - Special investigators
  - Education specialists
  - Master investigators or Master Conservatorship caseworkers
  - Daycare Coordinators
  - Developmental Disability Specialists

Functional Units



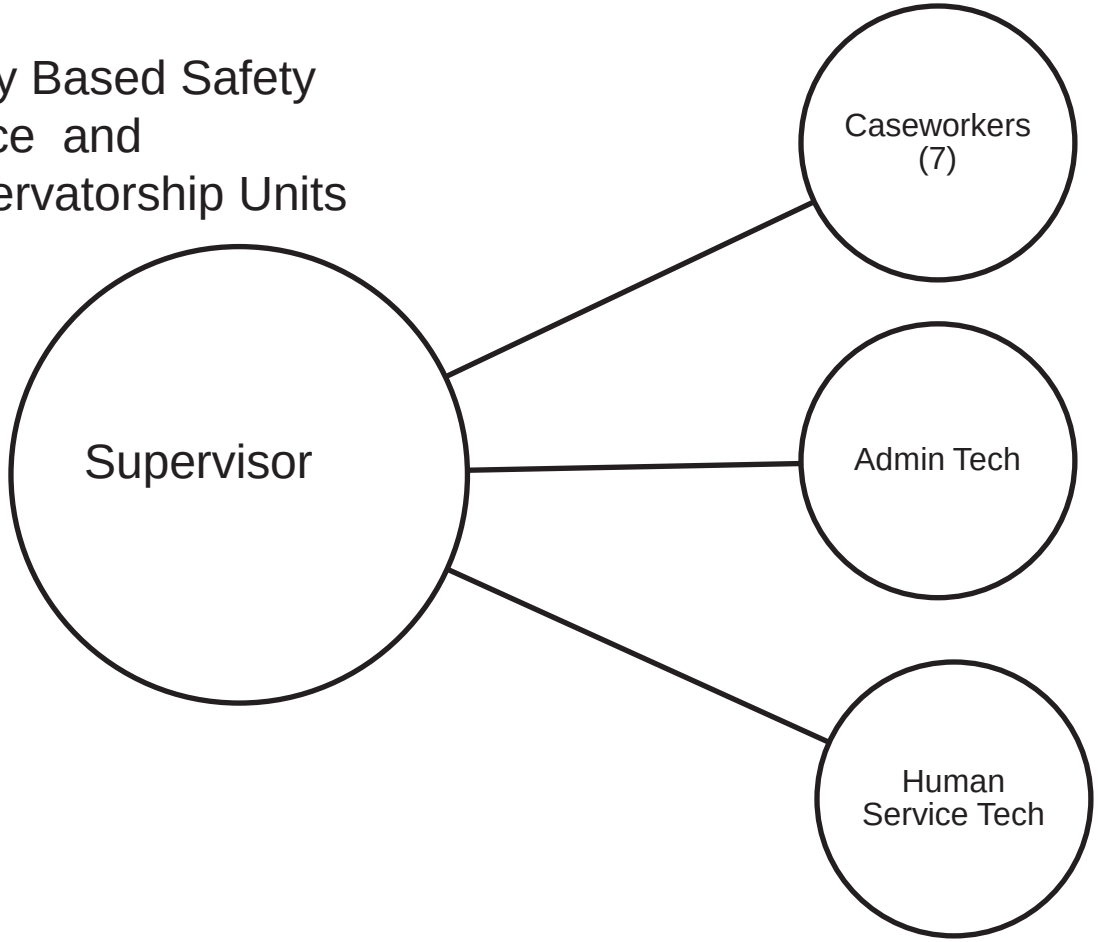
Functional Units

Investigations Units



Functional Units

Family Based Safety Service and Conservatorship Units



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Part Four

Case Flow

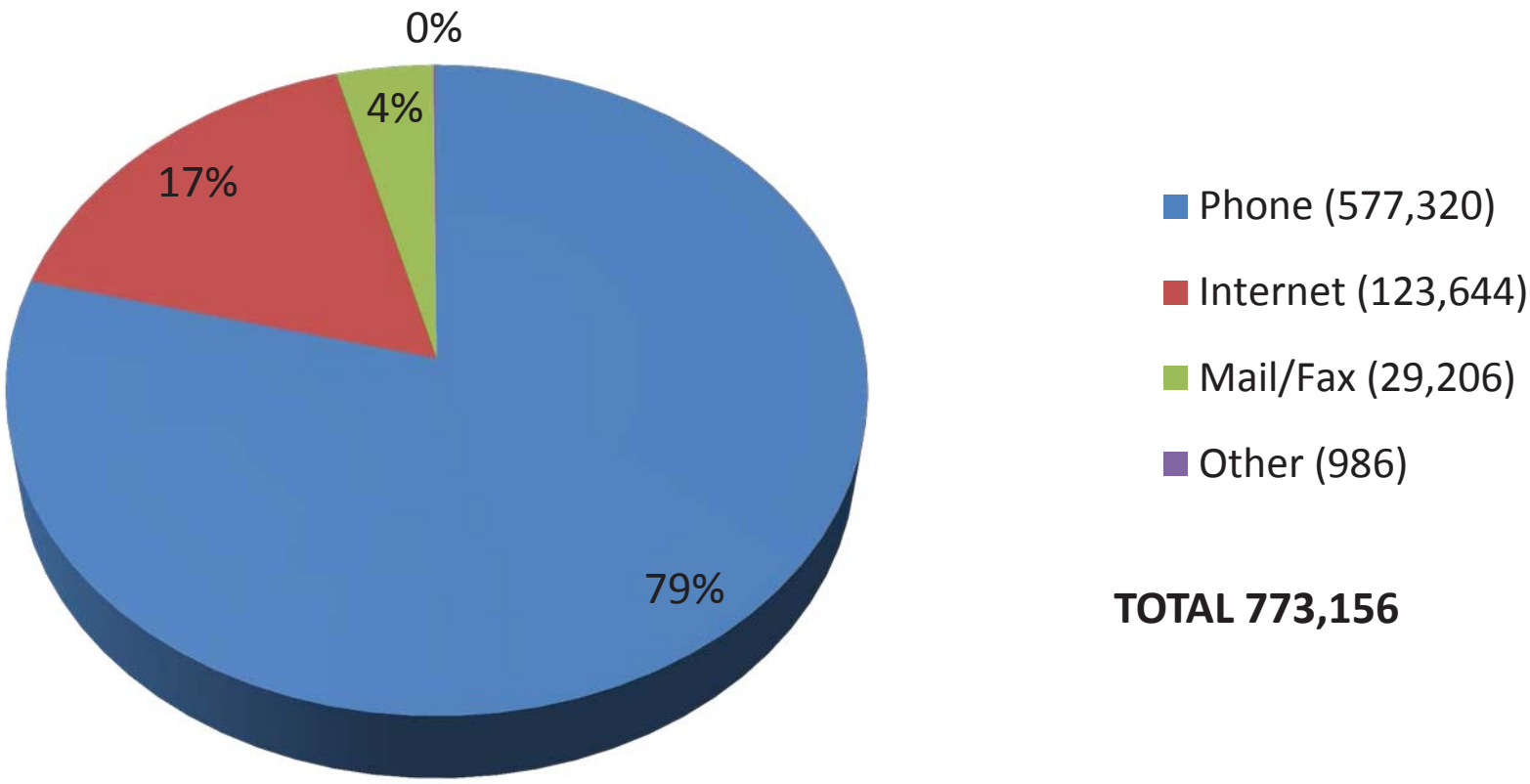
Statewide Intake

Protecting children and adults begins with the report of alleged abuse or neglect. Intake is the first step in the casework process. Statewide Intake (SWI) is DFPS' centralized point of intake.

- SWI operates 24 hours a day, 7 days a week, 365 days a year. Reports are received via phone, internet, fax, or mail.
- Methods of contact:
  - Phone (1-800-252-5400)
  - DFPS website (www.txabusehotline.org)
  - Texas Youth and Runaway Hotline - Crisis counseling and referrals for troubled youth and families.

Statewide Intake

Contacts Received by Method of Receipt
Fiscal Year 2013



TOTAL 773,156

Source: Data Book FY13, p. 3

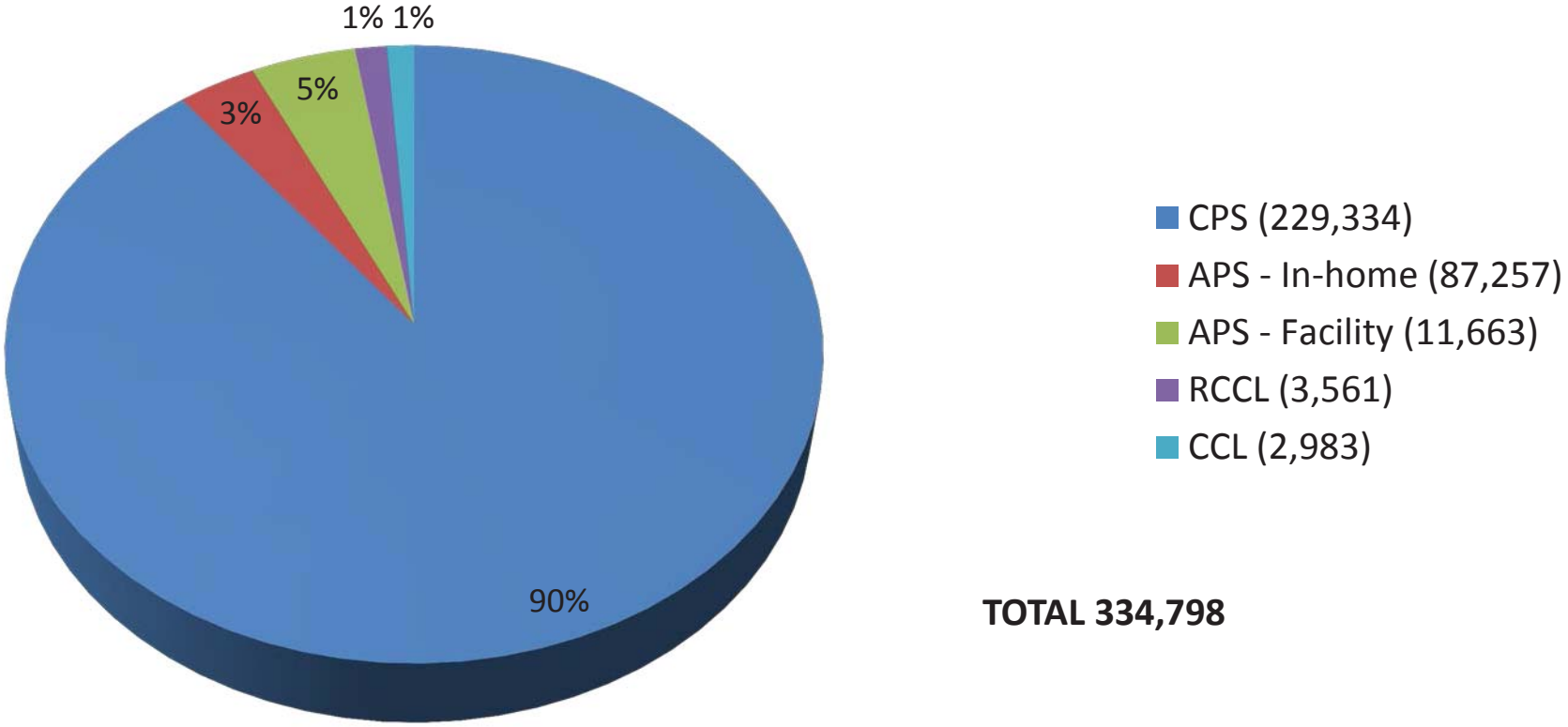
Statewide Intake

When Intake Specialists receive a report, they:

- Determine if reports meet statutory definitions of abuse neglect or exploitation.
- Search for previous DFPS history.
- Assess safety of alleged victim.
- Prioritize case for further action.
- Determine field jurisdiction and route to field.
- Notify law enforcement.
- Provide referrals to other state agencies or resources.

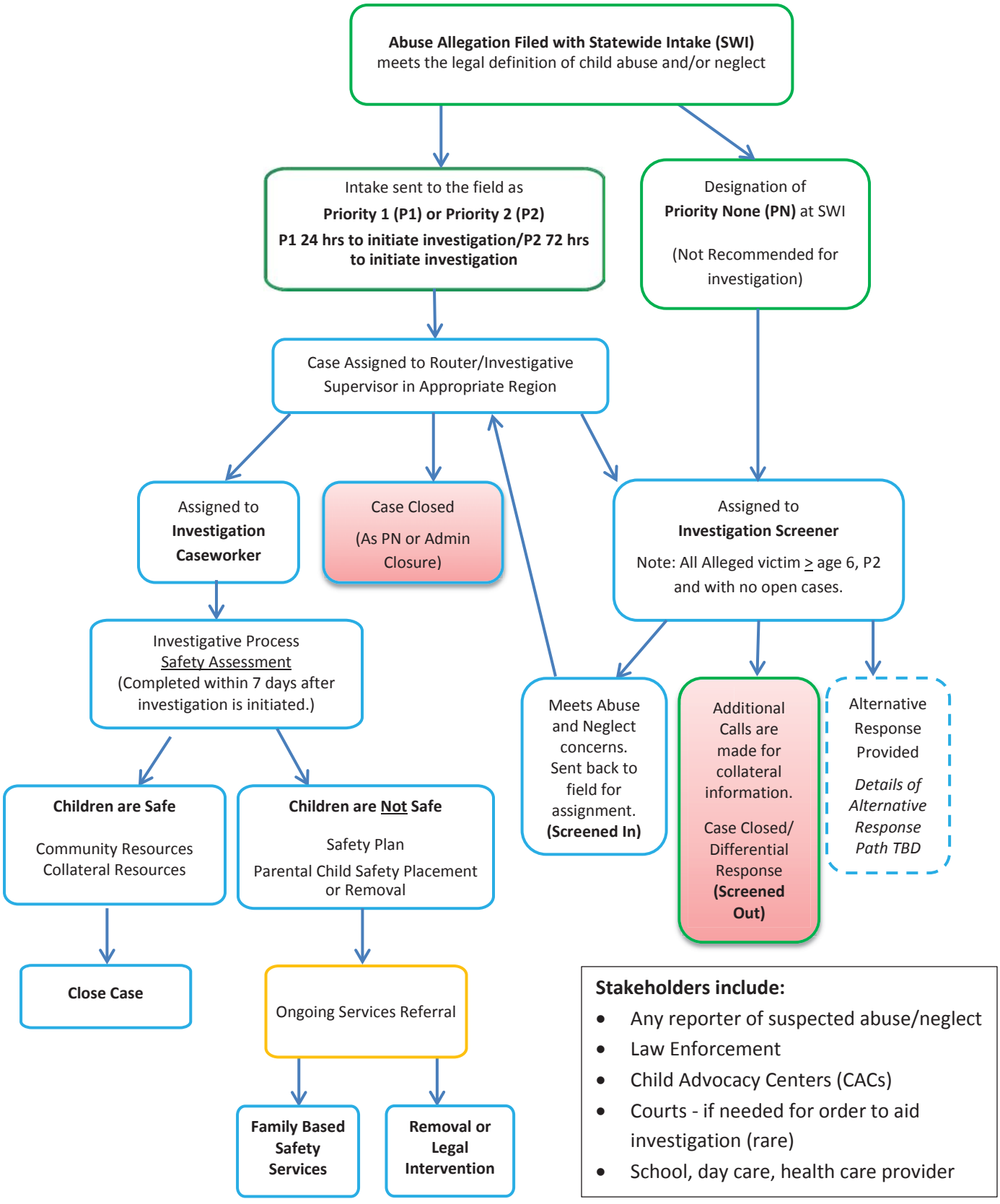
Statewide Intake

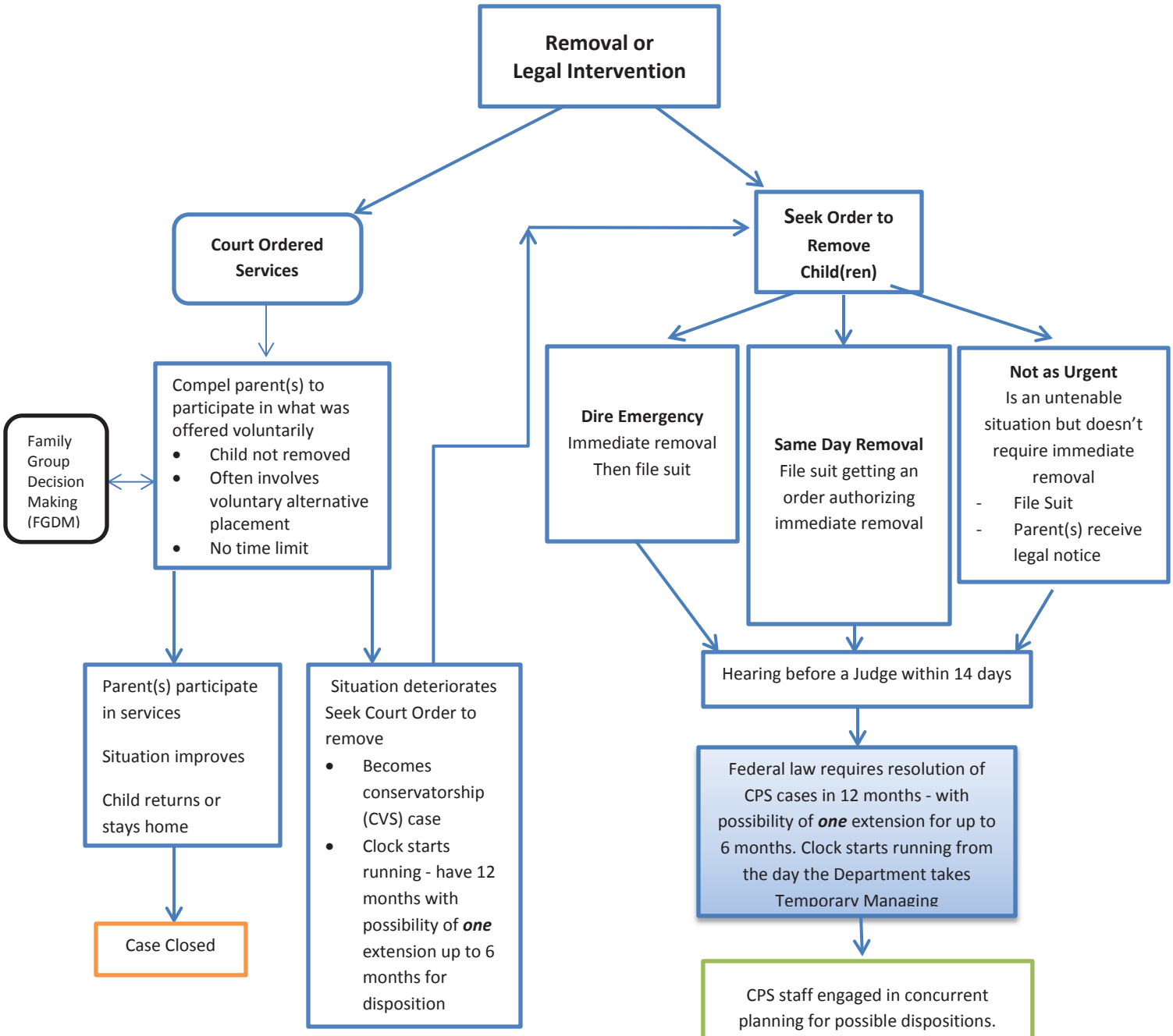
Reports of Abuse, Neglect, and Exploitation by Program
Fiscal Year 2013



TOTAL 334,798

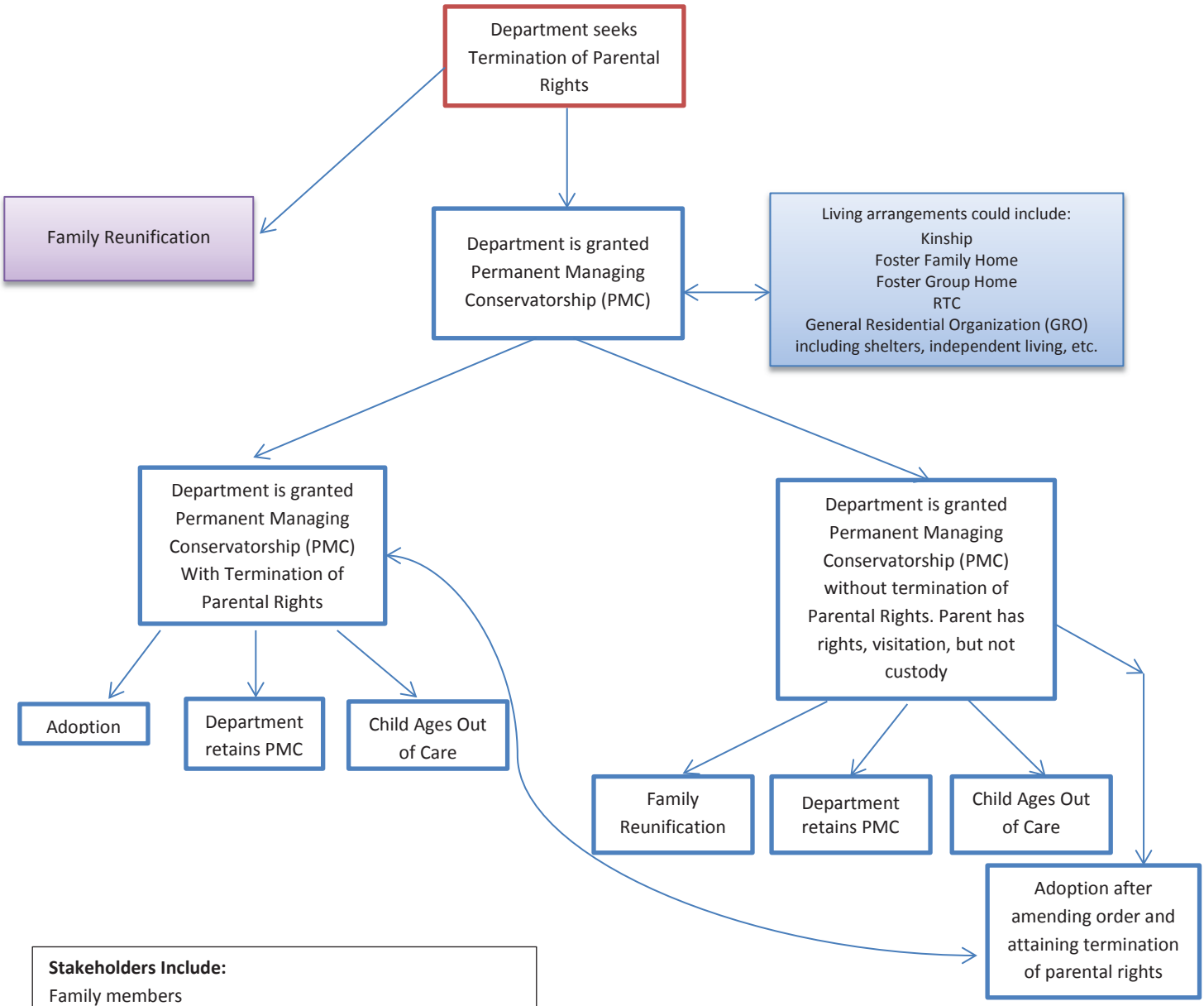
Source: Data Book FY13, p. 3


Abuse Allegation Filed with Statewide Intake (SWI)
meets the legal definition of child abuse and/or neglect
Intake sent to the field as
Priority 1 (P1) or Priority 2 (P2)
P1 24 hrs to initiate investigation/P2 72 hrs to initiate investigation
Designation of
Priority None (PN) at SWI
(Not Recommended for investigation)
Case Assigned to Router/Investigative Supervisor in Appropriate Region
Assigned to **Investigation Caseworker**
Case Closed
(As PN or Admin Closure)
Assigned to
Investigation Screener
Note: All Alleged victim ≥ age 6, P2 and with no open cases.
Investigative Process
Safety Assessment
(Completed within 7 days after investigation is initiated.)
Meets Abuse and Neglect concerns. Sent back to field for assignment. **(Screened In)**
Additional Calls are made for collateral information.
Case Closed/ Differential Response **(Screened Out)**
Alternative Response Provided
Details of Alternative Response Path TBD
Children are Safe
Community Resources
Collateral Resources
Children are Not Safe
Safety Plan
Parental Child Safety Placement or Removal
Close Case
Ongoing Services Referral
Family Based Safety Services
Removal or Legal Intervention
Stakeholders include:
- Any reporter of suspected abuse/neglect
- Law Enforcement
- Child Advocacy Centers (CACs)
- Courts - if needed for order to aid investigation (rare)
- School, day care, health care provider



Stakeholders include:

Family members (FGDM)
Courts
CASA
Attorneys representing parents
Attorneys representing child
Children's Shelters
Batterer's Intervention and Prevention Providers (BIPP)
CRGs
Faith Community
Mediators
Child Welfare Boards
Rainbow Rooms
Family Violence Service Providers
Child Placing Agencies (CPAs)
OSAR
STAR
Mental Health service providers
Residential Treatment Centers



Stakeholders Include:

Family members
Courts
CASA
Child Welfare Boards
Rainbow Rooms
Residential Treatment Centers (RTC)
Child Placing Agencies (CPA)
General Residential Organizations (GRO)
Faith Community
Service Providers

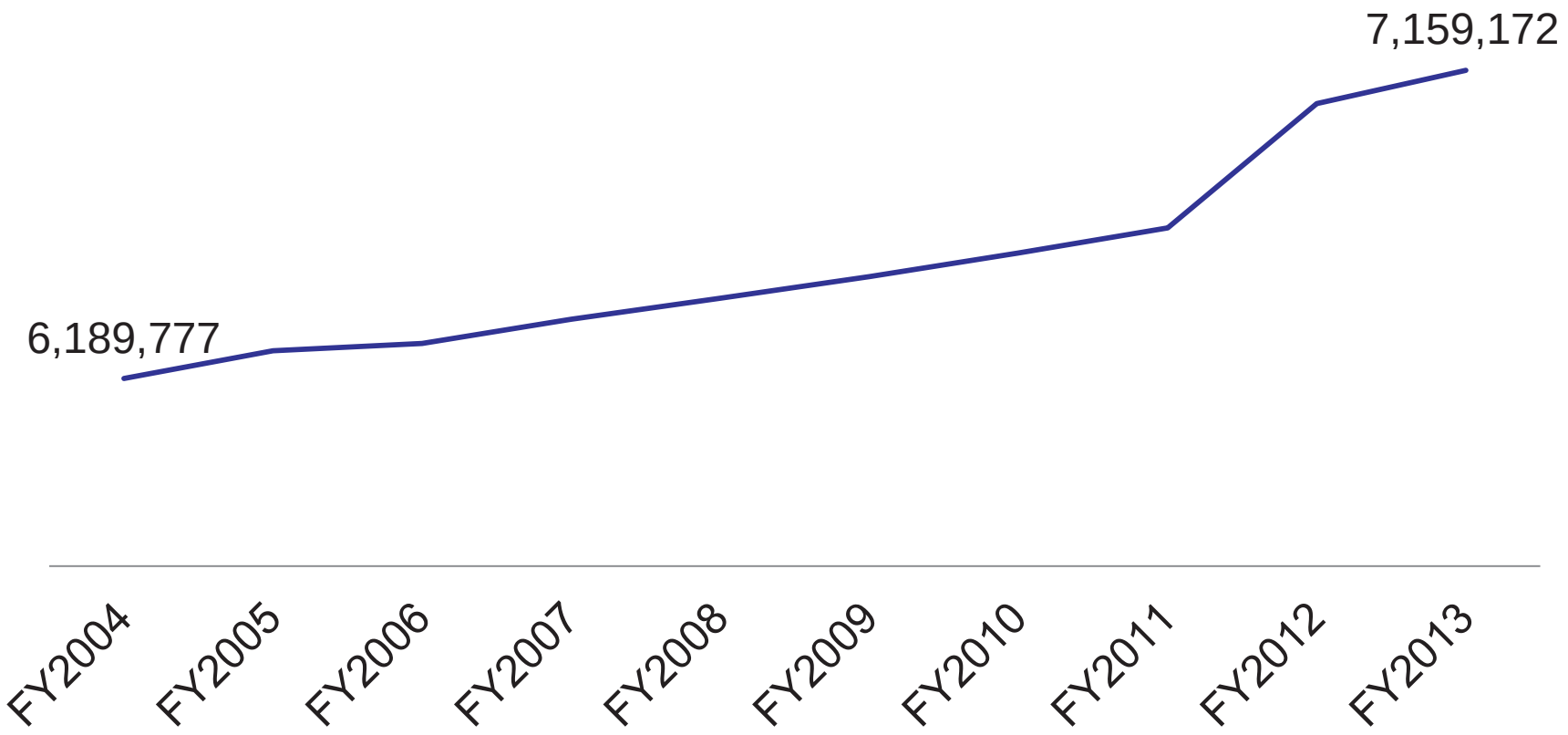
TEXAS
Department of Family
and Protective Services

Part Five

Demographic Changes Impacting CPS

Child Population

Child Population in Texas



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Part Six

Major Legislative Efforts

Major Legislative Efforts

The following is a summary of the significant legislation related to child protection in recent legislative sessions.

In 2005, **Senate Bill 6** directed systemic CPS reform by:

- Restructuring investigations;
- Improving caseworker performance;
- Requiring review of CPS actions to identify disproportionate effects on certain racial and ethnic groups.
- Increasing the number of kinship care (families and family friends) placements;
- Supporting youth aging out of the foster-care system;
- Improving medical services for children in state care; and

Major Legislative Efforts

In the 80th Legislative Session (2007), **Senate Bill 758** required DFPS to develop and implement a plan for improving services for children and families to:

- include a new post psychiatric hospitalization step-down rate for certain foster youth;
- improve the quality and accountability of foster care;
- reduce the rate of growth of foster care, as well as the length of time children spend in foster care; and
- mandating access by CPS to medical and other records relating to a report of child abuse or neglect.

Major Legislative Efforts

The 81st Legislature passed both **SB 2080** and **HB 1151** in 2009, which did the following:

- Created the Permanency Care Assistance (PCA) Program for family members who assume permanent custody of a child in foster care.
- Extended foster care eligibility to age 21.
- Expanded adoption and PCA eligibility until a youth's 21st birthday for youth who left DFPS custody after turning 16.

In response to findings in Texas' 2008 federal Child and Family Services Review, **SB 939** did the following:

- Expanded eligibility for the college tuition waiver benefit and increased the maximum age for enrollment up to age 25.
- Required a child's permanency plan to include concurrent permanency goals

Major Legislative Efforts

The 82nd Legislative Session sought to redesign the foster care system through the passage of **SB 218**. SB 218 streamlined and enhanced the foster care system, focusing on changing the ways that DFPS contracts and pays for services in order to:

- increase the number of children and youth placed with their siblings and in their home communities;
- decrease the average time children spend in foster care before achieving permanency;
- decrease the number of times children move placements while in foster care;
- create robust and sustainable service continuums in communities throughout Texas.

Major Legislative Efforts

The 83rd Legislative Session passed **SB 423** to create the alternative response track for CPS. Key measures in SB 423 include:

- allowing CPS to conduct an assessment rather than a traditional investigation, when responding to less serious allegations of abuse or neglect;
- ensuring that DFPS does not designate an alleged perpetrator in alternative response cases but does link these families to the appropriate services.

HB 915 adds new duties related to the review of medical care by a guardian ad litem, attorney ad litem, and the court, for children in DFPS conservatorship. The bill outlines requirements for informed consent for psychotropic medications and enhances the training for medical consenters.

DFPS Moving Forward

- Performing our core functions more effectively
- Spending more time with families
- Improving assessments of child safety
- Supporting field staff better





Department of State Health Services (DSHS)

Presentation to
Select Committee on Child Protection

David Lakey, M.D.

Commissioner

Texas Department of State Health Services

July 1, 2014

DSHS Role in Reducing Child Abuse and Neglect Fatalities

Traditional Role

- Data collection
  - primarily birth and death records
- Preventive efforts and public awareness campaigns
  - infant safe sleep, child safety seats, and seat belts

Current Role

- Started collaborative efforts with our sister agency—the Department of Family and Protective Services (DFPS)

Actions Central to the DSHS

- Providing timely data regarding child abuse/neglect fatalities in Texas
- Addressing the role that substance abuse plays in homes where children are at risk
- Recognizing the critical role providers play and giving them additional resources to deal with these complex issues

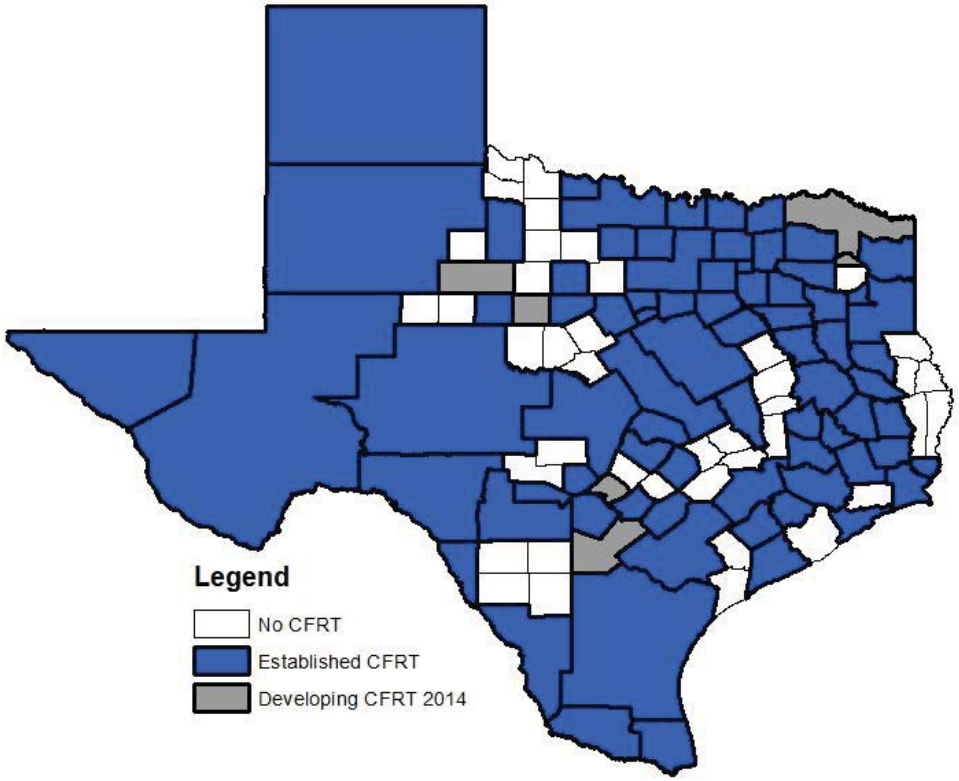
Child Fatality Review Teams

- Statewide effort to conduct retrospective reviews of child deaths through volunteer-based, Child Fatality Review Teams (CFRTs)
- Led by DSHS, in coordination with the Department of Family and Protective Services and other state agencies
- Public health strategy to:
  - Understand child deaths through multidisciplinary review on the local level;
  - Collect and analyze data to better understand risks to children; and
  - Inform local and statewide activities to reduce preventable child deaths
- Two Components:
  - Local Child Review Teams (CFRTs)
  - State Child Fatality Review Team (SCFRT)

Local Child Fatality Review Teams (CFRTs)

- 76 CFRTs that cover 203 of the 254 Texas counties
- Conduct retrospective reviews of child deaths in their geographic areas
  - Local reviews may be conducted a year or more after each event
- Identify risk factors specific to their communities, monitor child death trends, and spearhead local prevention efforts
- DSHS provides training and technical assistance at the local level

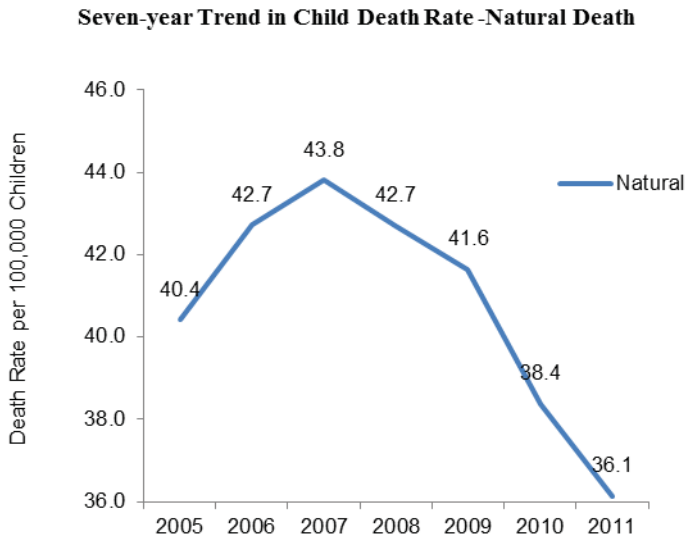
Statewide Map of CFRTs

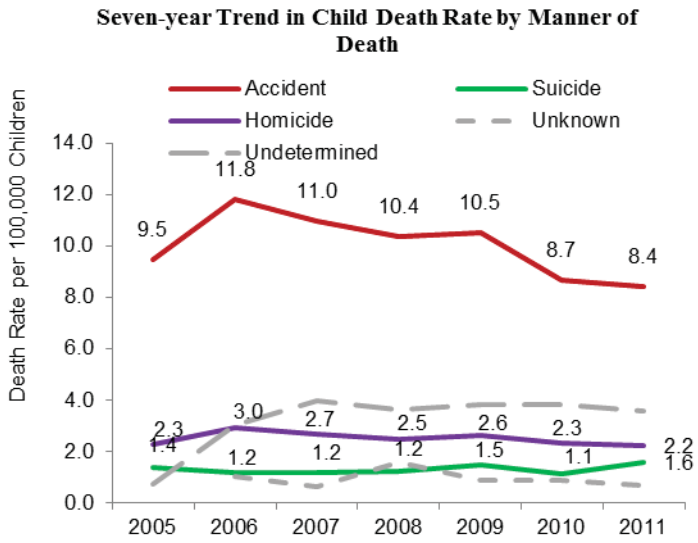


State Child Fatality Review Team (SCFRT)

- Multidisciplinary group of specific professional disciplines with unique perspectives on child safety, including: law enforcement, the medical community, CPS, and the behavioral health community
- Meets quarterly to:
  - Review data
  - Discuss statewide trends in child risks and safety issues
  - Develop strategies to improve child death data collection and analysis
  - Make legislative and policy recommendations to the Governor and Legislature regarding child safety
  - DSHS provides direct support for the SCFRT

Child Fatalities in Texas

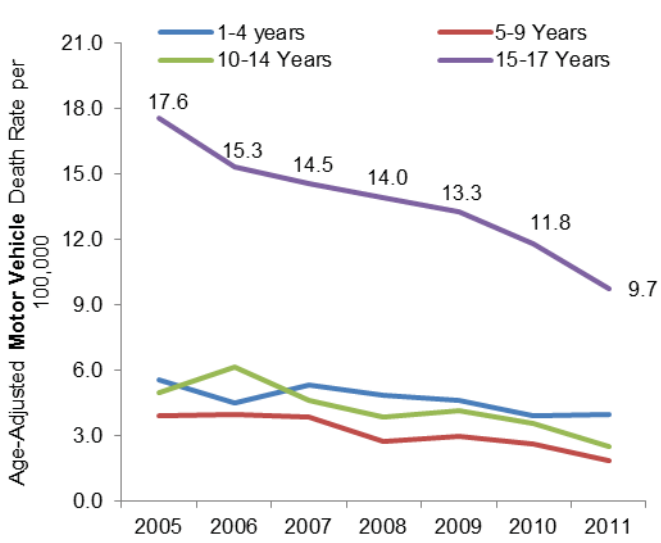




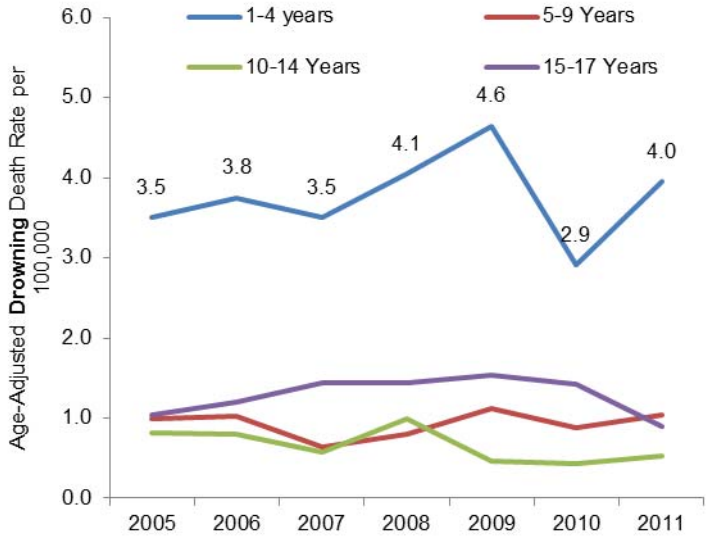
Source: Texas Child Fatality Review Team 2013 Annual Report (data 2005-2011)

Causes of Child Accidental Deaths

Motor Vehicle



Drowning



Source: Texas Child Fatality Review Team 2013 Annual Report (data 2005-2011)

CFRT Annual Report

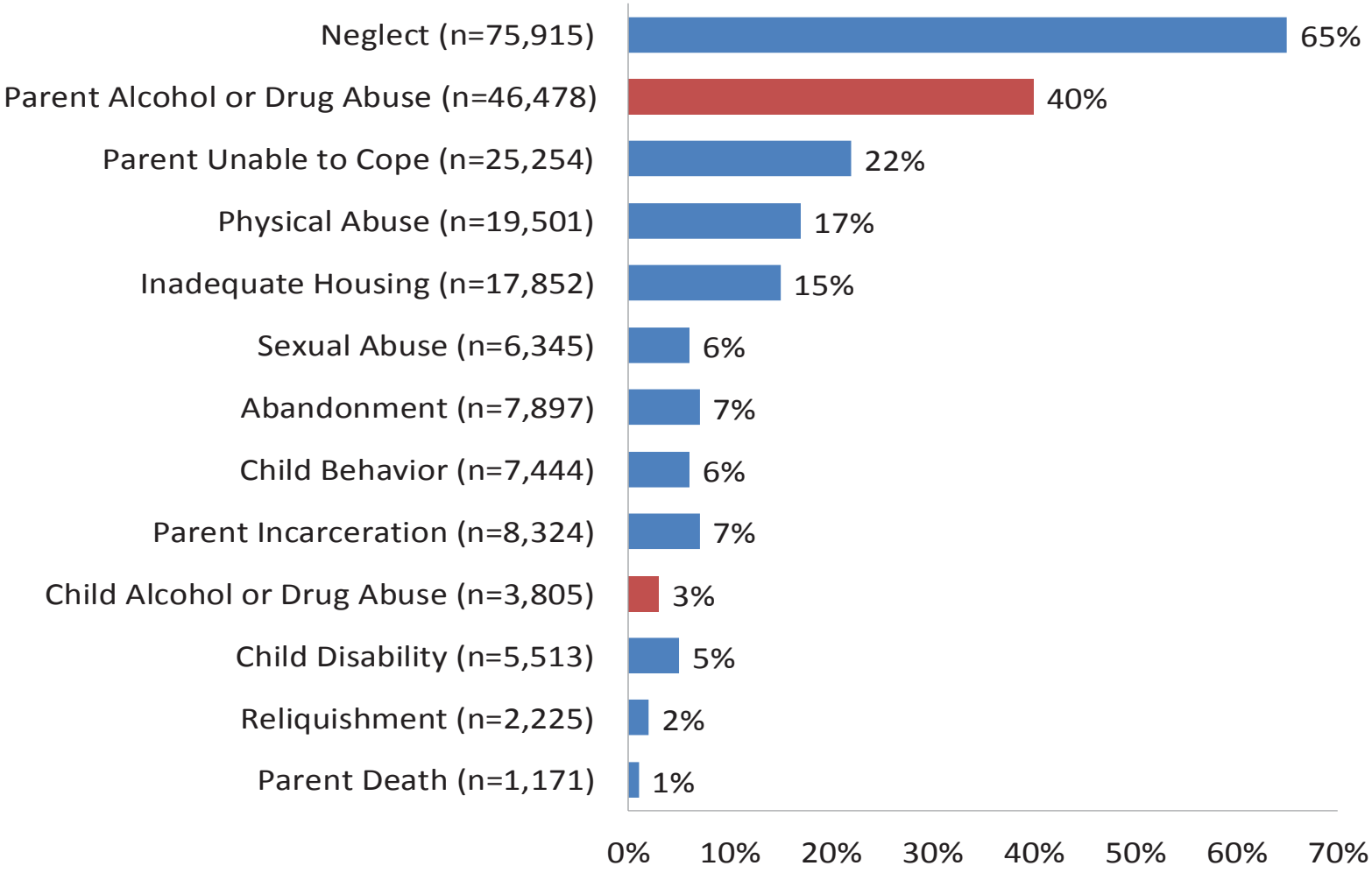
- Texas Child Fatality Review Team 2013 Annual Report (http://www.dshs.state.tx.us/WorkArea/linkit.aspx?LinkIdentifier=id&ItemID=8589987385)

- SCFRT Committee made legislative recommendations to reduce preventable child death in Texas, such as:
  - DFPS provide quarterly reports to the SCFRT on Project HIP (Help Through Intervention and Prevention)
  - Options for more timely delivery of death certificates and birth abstracts to the local CFRTs and strategies for improved data collection and data entry of those child deaths
  - Provide funding for annual training for Texas CFRTs
  - All Texas counties have an independent CFRT or participate in a multi-county CFRT to review and document all deaths of children less than 18 years of age

Need for Substance Abuse Services

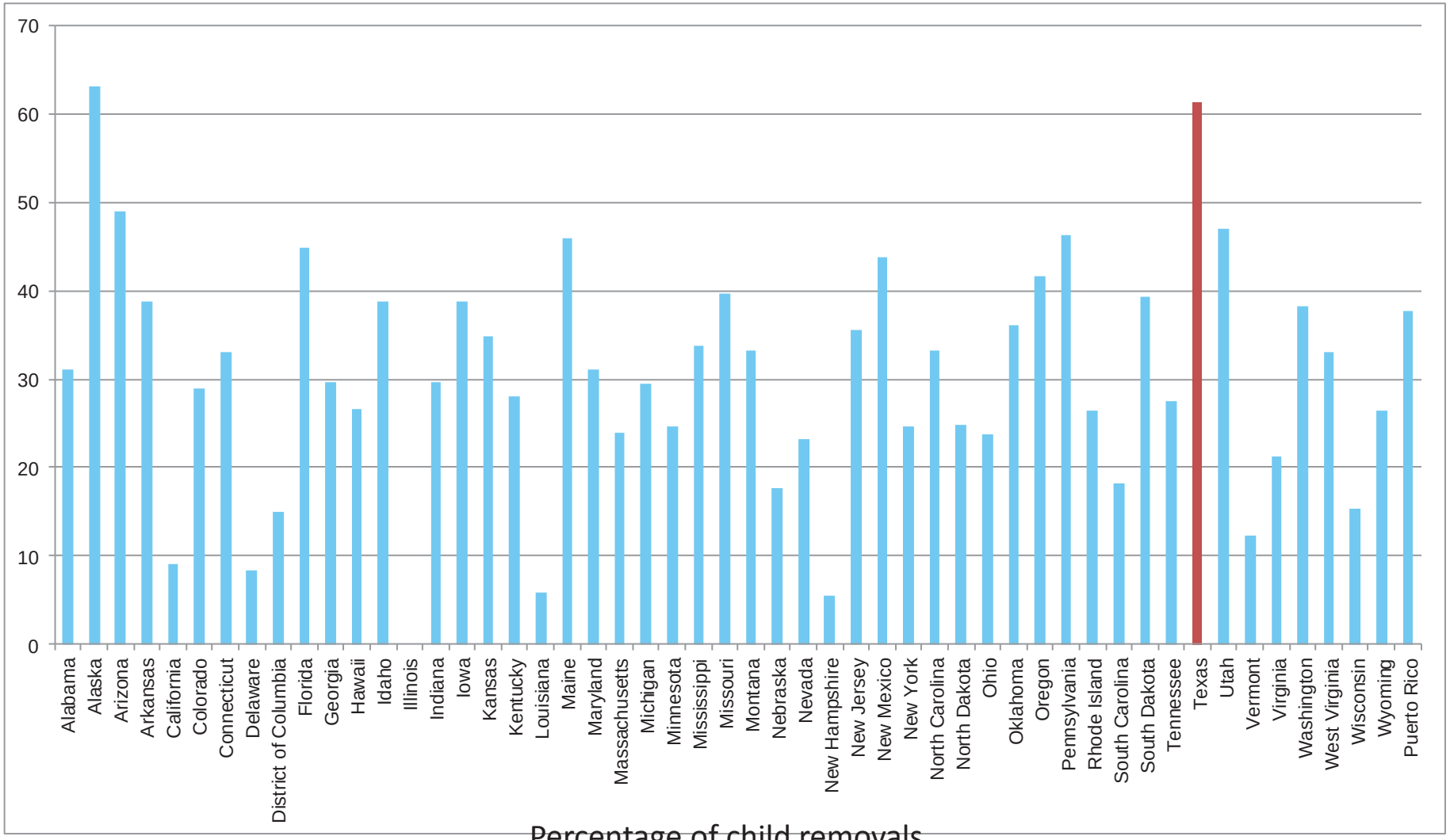
- Drug overdose deaths exceed motor vehicle-related deaths in 29 states and Washington D.C.
- Abuse of prescription painkillers costs an estimated $53.4 billion a year in lost productivity, medical costs, and criminal justice costs
- Only 1 in 10 Americans with a substance abuse disorder receives treatment

Children with Terminated Parental Rights by Reason for Removal



Adoption and Foster Care Reporting System (2011) [Data file]. Ithica, NY: National Data Archive on Child Abuse and Neglect.

Parental Alcohol or Other Drug Use as Reason for Removal



Source: AFCARS, 2012

Substance Abuse Services for DFPS Clients

- $10.14 million was appropriated by the 83rd Legislature to provide on-demand substance use disorder (SUD) services for referrals from DFPS
  - DFPS clients are to be admitted to SUD screening, assessment and treatment services within 72 hours
  - Expanded eligibility for the pregnant and postpartum intervention program to include parents involved with DFPS who have children under the age of 6
  - Developed the Parenting Awareness and Drug Risk Education (PADRE) program specifically for DFPS-involved fathers who have children under the age of 6

Substance Abuse Services for DFPS Clients

- Between December 2013 and May 2014, over 1,800 DFPS caseworkers have been trained in the Substance Use Disorder service system
- The goal is to serve an additional 3,000 individuals referred by DFPS each fiscal year
- As of April 31, 2014, DSHS had served 1,365 more DFPS clients than in the same period in fiscal year 2013

DSHS-DFPS Collaborative Residential Treatment Center Pilot

- The 83rd Texas Legislature appropriated $2 million for 10 residential treatment center (RTC) placements
- DFPS refers children/youth to DSHS who are at risk of relinquishment of custody by their parents/guardians due solely to a lack of mental health resources
- Due to demand, additional funds were used to support 3 more beds in fiscal year 2014
- 13 children currently placed with 18 on waiting list
- Community services help prevent relinquishment for families on waiting list
- DSHS-DFPS collaboration resulted in 5 referred children remaining in their homes due to wraparound and increased community services

Provider Training and Education

Texas Health Steps

- DSHS efforts center around Texas Health Steps.

- Texas' Medicaid program's comprehensive preventive child health services for individuals from birth through 20 years of age.
  - Focuses on medical, dental, and case management services and is dedicated to:
    - expanding recipient awareness of existing services, and;
    - recruiting and retaining a qualified provider pool to assure the availability of comprehensive services.

Provider Training and Education

Texas Health Steps Online Provider Education Program

- Collaboration between DSHS, DFPS, pediatricians, and other subject matter experts to provide information to providers that could help identify child abuse and potential child safety concerns.
- Online continuing education modules for physicians and other health care providers on:
  - Recognizing, Reporting and Preventing Child Abuse
  - Infant Safe Sleep
  - Intimate Partner Violence Training

Additional Provider Education

- Safety net programs that include policies requiring contractors/providers to receive Intimate Partner Violence Training.

Panel 1:

Children's Advocacy Centers of Texas (CACTX)

Children's Advocacy Centers

a collaborative response for children impacted by abuse

cactx

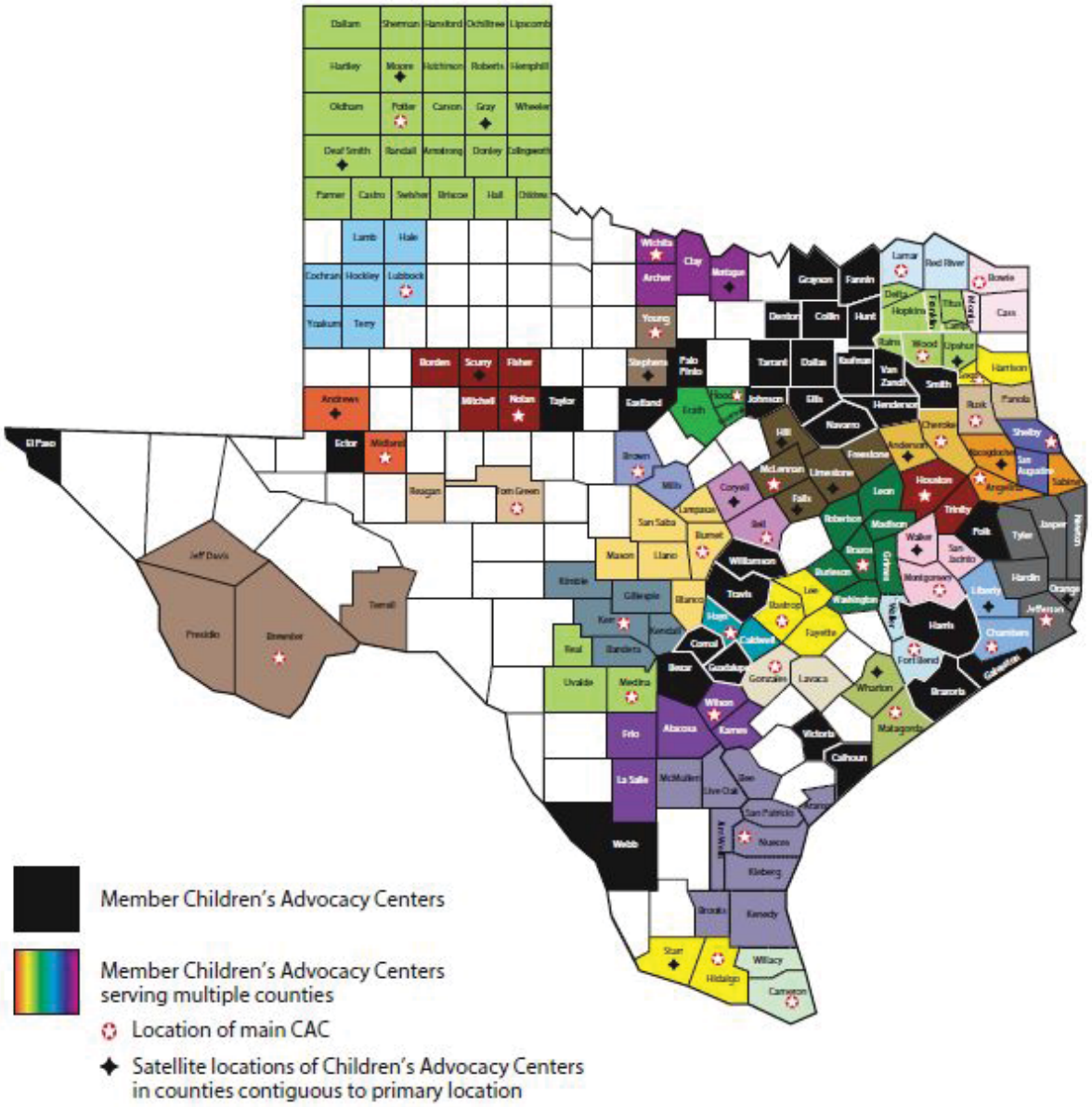
House Select Committee on Child Protection

July 1, 2014

Children's Advocacy Centers of Texas (CACTX)

- Statewide membership association representing all local children's advocacy centers (CACs) across Texas
- Founded in 1994 by 13 local centers
- Membership now includes 68 centers

Our Membership



68 Member CACs serving 183 counties

CACs in Texas

- 1989 - First CAC in Texas opens
- 1995 - CACs codified in Texas Family Code
  - 13 CACs in operation
  - First annual state appropriation of $1.5 million
- 2014 - 68 CACs in operation
  - $10 million annual state appropriation
  - CAC standards updated through SB 245 - 83(R)
- CACs are a private-public partnership
  - All CACs are independent 501(c)(3) non-profits

Child Abuse Investigations Before CACs

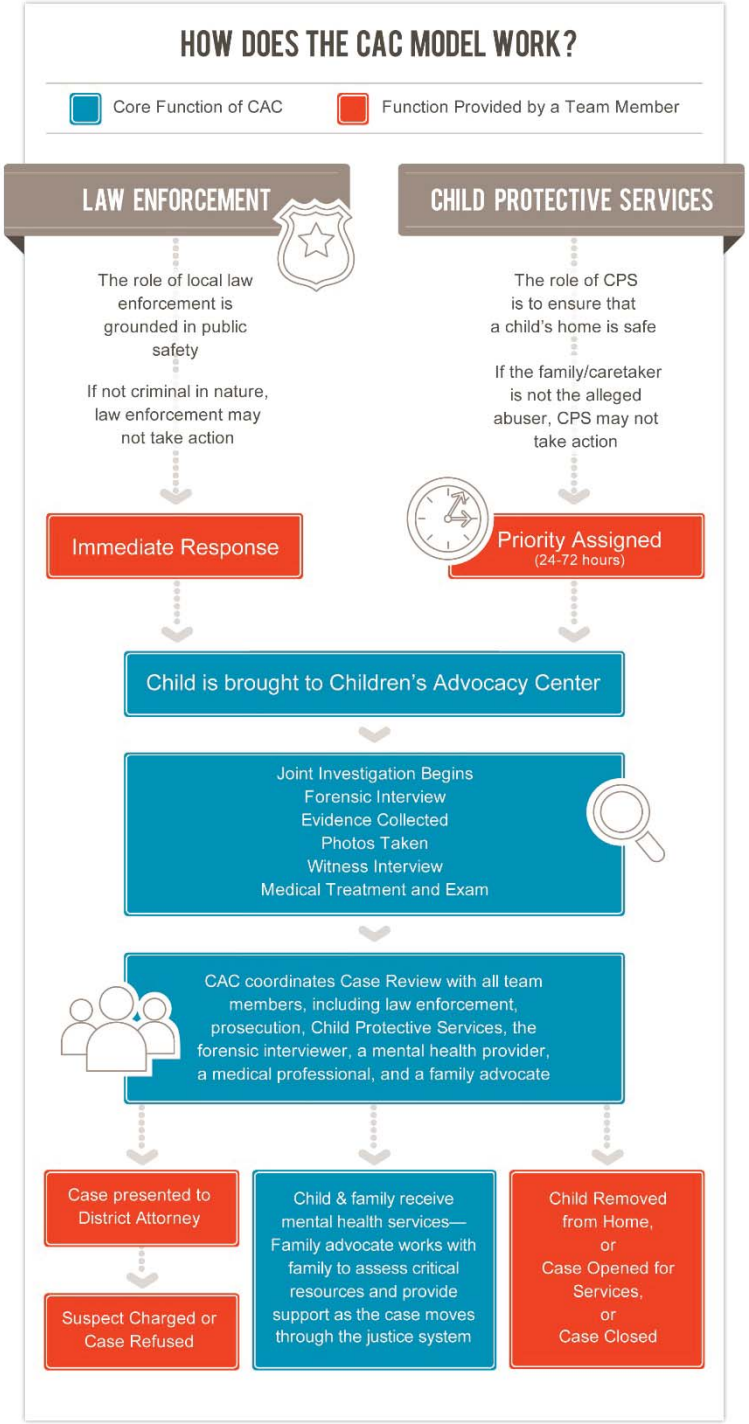
- Investigations were not comprehensive and often resulted in agencies receiving incomplete or inaccurate information. Decisions made in silos, a practice that often weakened case outcomes for other investigative agencies
- Lack of coordination also led to multiple interviews of alleged victims performed by untrained personal in non-child-friendly settings. Statements obtained from victims were often leading and not defensible in court.
- Alleged victims were re-traumatized by the process. This often resulted in poor outcomes for both the case and child.
- Investigators needed a system that coordinated information sharing and effective fact finding

The CAC Solution

- A victim-centered, multidisciplinary team (MDT) approach to the investigation and prosecution of child abuse cases, providing specialized forensic interviews, therapeutic recovery services, medical evaluations, and case management
- Goal: Facilitating justice and healing for children and families

How It Works

- CPS or law enforcement brings child to a CAC to initiate the joint investigation process after a report is made
- The forensic interview is the first step of the **joint** investigation



CAC MDT Partners

- Child Protective Services
- Child Care Licensing
- Adult Protective Services
- 172 Sheriff's Offices
- 674 Police Departments
- 203 District and County Attorneys
- Medical Professionals and Children's Hospitals
- Mental Health Clinicians

CACs in Statute

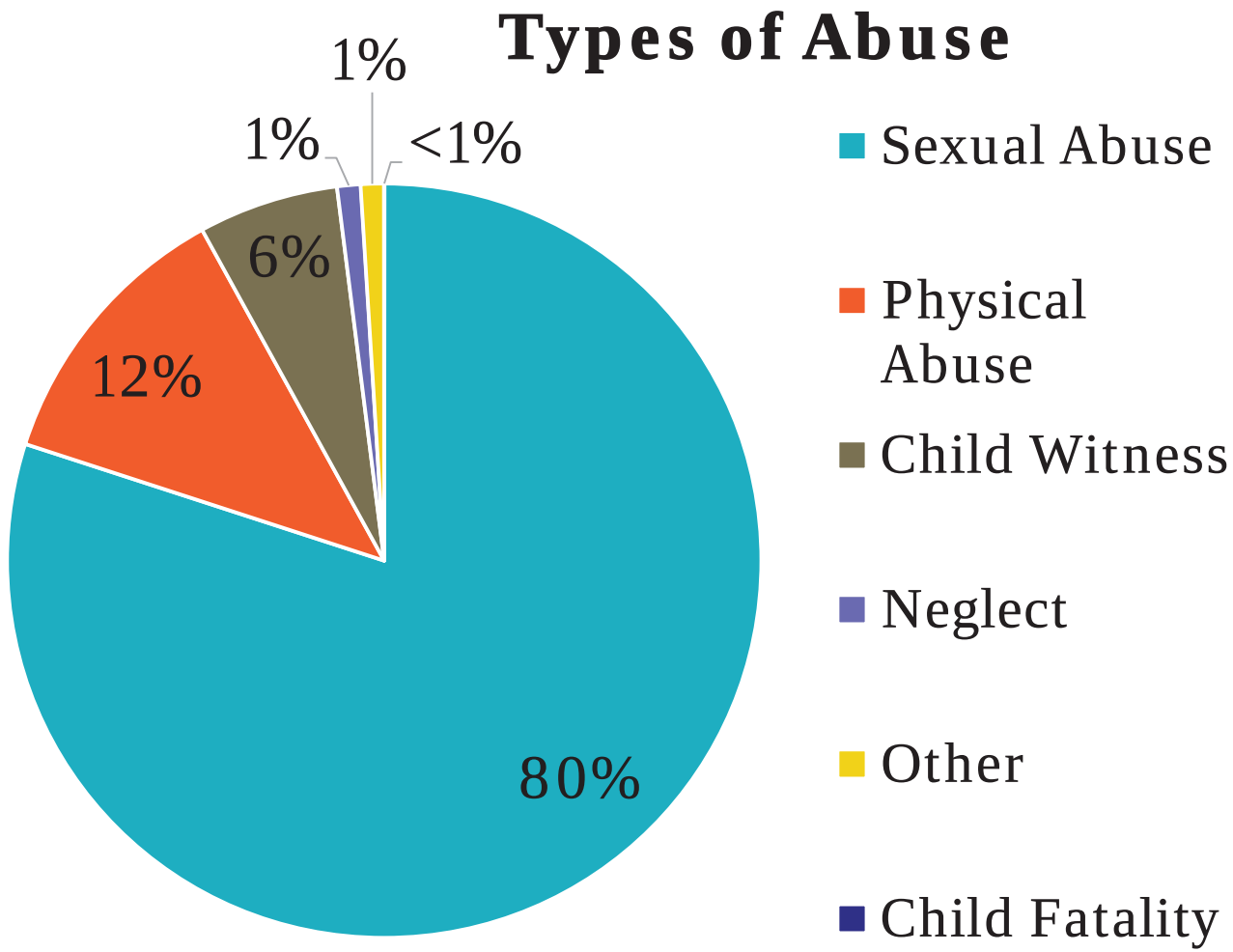
- **Texas Family Code Section 264.401-.411** defines CACs; contains mandates, requirements, and protections; allows for sharing of confidential case information
- **CPS Reform (SB 6, 79th Legislature)** requires joint investigations for sexual and physical abuse
- **Texas Family Code Section 261.3126** promotes colocation of DFPS and local law enforcement investigators at CACs where feasible

Statutorily Required Services at a CAC

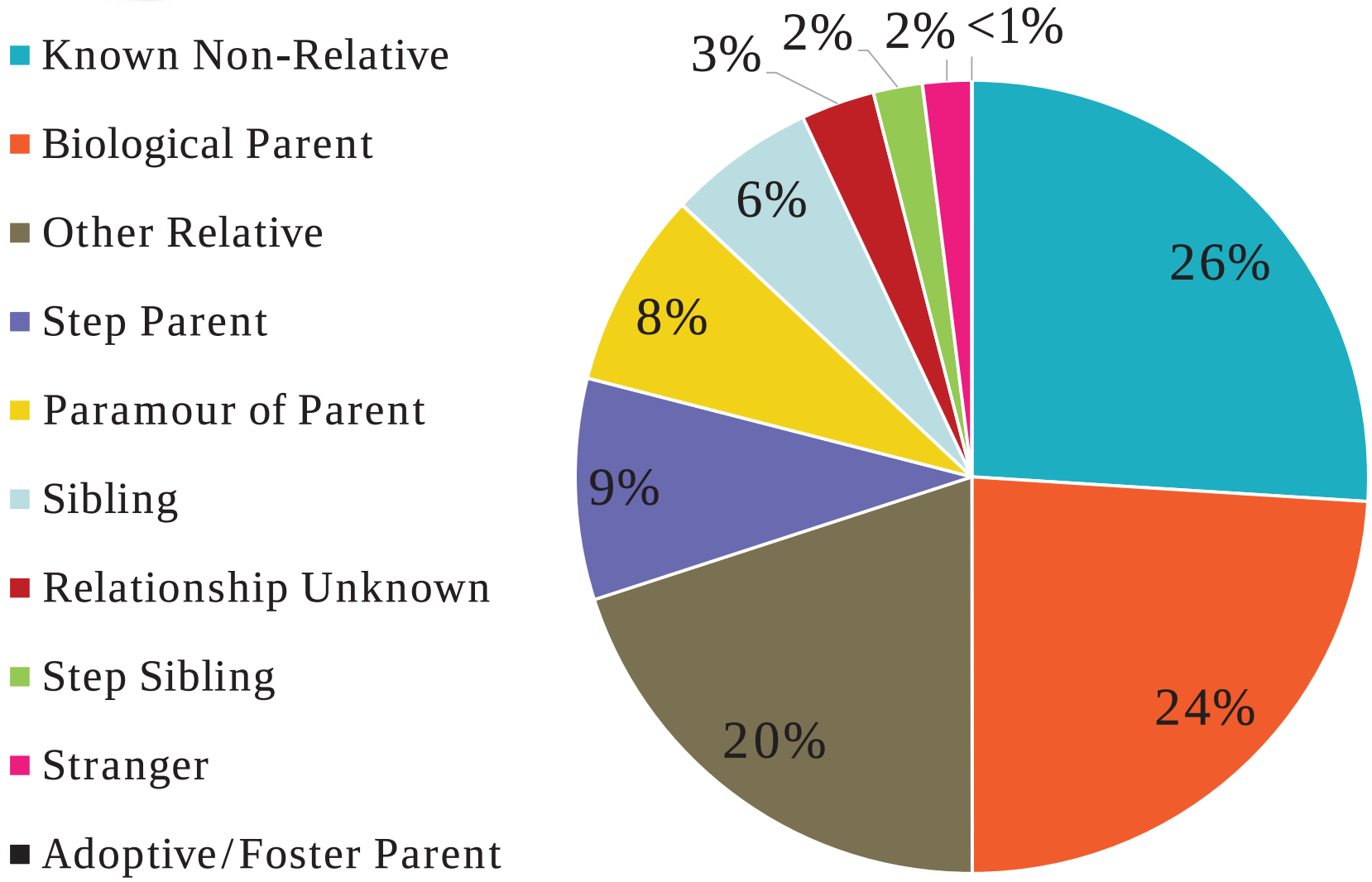
- Coordination of the Joint Investigation/MDT Case Review Staffings
- Forensic Interviews
- Specialized Trauma-focused Mental Health Services
- Specialized Medical Assessments
- Family Advocacy and Victim Support
- Child-friendly Facility

Who CACs Serve

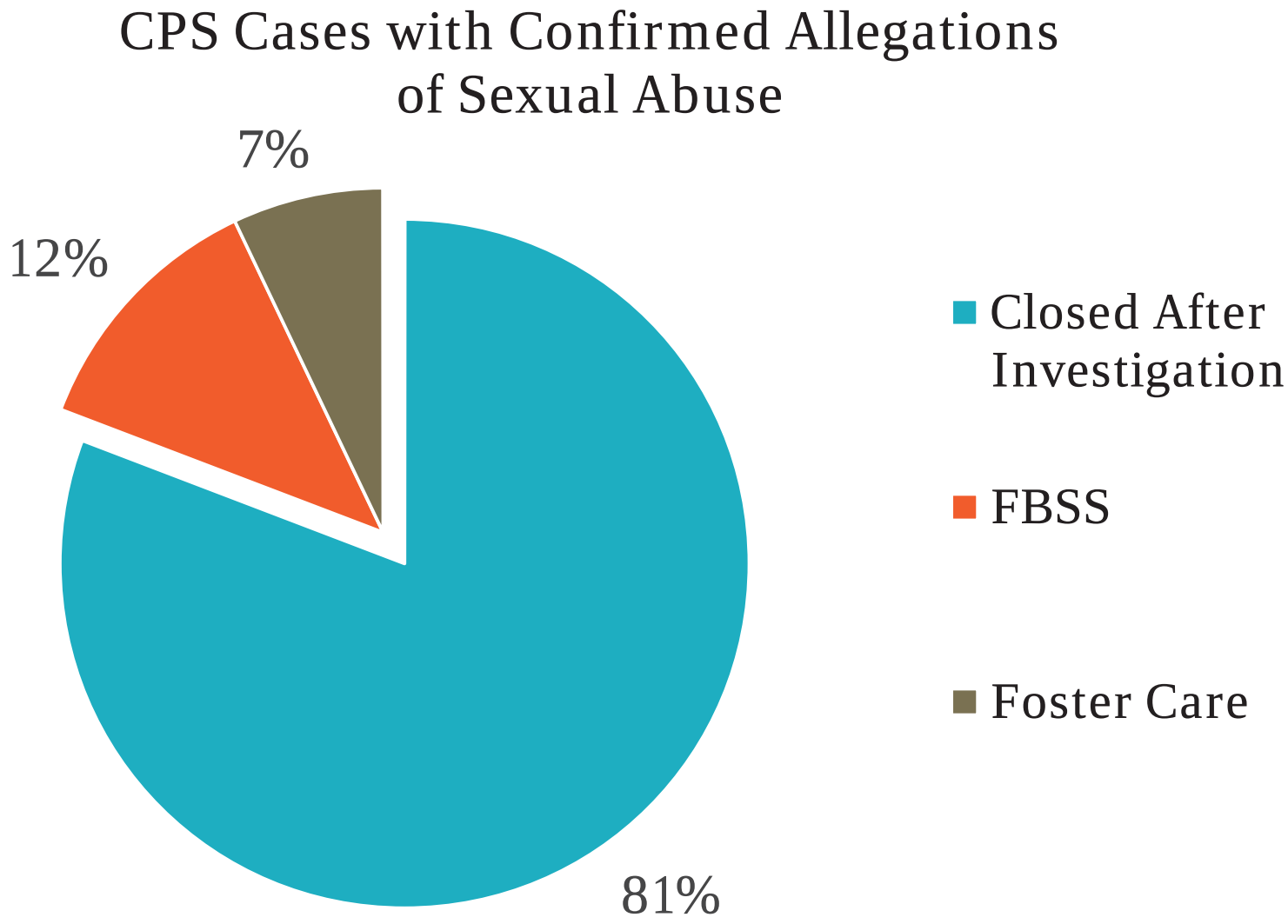
In FY 13, nearly 40,000 new children received critical services at a Texas CAC



Alleged Perpetrator Relationship to Victim



Why These Cases Are Unique



Why These Cases Are Unique

- Without appropriate and effective intervention, this population is at risk for suffering from countless documented adverse outcomes:
  - Risky health-related behaviors during childhood and adolescence, including early initiation of smoking, sexual activity, illicit drug use, adolescent pregnancies, suicide
  - Adult onset of chronic illness and significantly higher rates of heart disease, chronic pulmonary lung disease, hepatitis, depression, and diabetes
  - A 59% greater likelihood of being arrested for juvenile crime and a 28% greater likelihood of being arrested as an adult

Why These Cases Are Unique

- Due to the typical lack of medical findings and the delay in the outcry of sexual abuse, very little physical evidence can be collected
- Often, the most important tool for investigators to use is the forensic interview
- This emphasizes the importance of conducting a quality, non-leading, non-suggestive forensic interview

Why These Cases Are Unique

- There are almost always two justice systems involved in these cases: civil *and* criminal
- All contact sexual crimes committed against children are felonies, most of which are 1st degree felonies (5-99 years) and do not allow for the option of judge or jury ordered community supervision/probation

CAC Model as a Best Practice

- CAC facilitated MDT investigations are critical to ensuring that child abuse cases are investigated by both the civil and criminal justice system to provide safety and justice to child victims
- The MDT approach closes the communication gaps inherent in traditional investigations by fostering coordination, collaboration, and efficiency among the agencies that work child abuse cases
- In Texas, 95% of MDT members reported that the CAC MDT approach results in a more collaborative and efficient case investigation

CAC Model as a Best Practice

- Considered a best practice model by numerous associations for investigating child abuse cases
  - American Bar Association
  - Office of Juvenile Justice and Delinquency Prevention
  - Over 700 CACs nationwide
- Cost Savings: National research indicates that the average cost per case to investigate child abuse cases was 36% higher for non-CAC investigations

CAC Model as a Best Practice

- Local CACs provide or coordinate the full spectrum of services required by child victims throughout the investigatory process, acting as a central hub:
  - specialized forensic interviewing
  - medical and mental health assessments and treatment
  - team case reviews
  - comprehensive advocacy and case management

Direct Benefits to CPS and State of Texas

- CPS investigators no longer have to perform forensic interviews
  - CAC provides trained, specialized interviewers so that BSD (CPS training academy) no longer has to incorporate this extensive component.
    - The core CAC curriculum for interviewers is 57.25 hours of training in addition to ongoing peer review and continuing education (10-15 hours/year)
  - CAC provides secure digital recording equipment and neutral facility
- CAC mental health services, case management, and stabilizing services and support for non-offending caregivers essentially equate to “FBSS Lite” with no additional expense to the State

Direct Benefits to CPS and State of Texas

- There are 386 Child Protective Services (CPS) caseworkers co-located at 17 Texas CACs. Benefits include:
  - Lower turnover: 10 of the 17 co-located CACs had 0% turnover in Q1 of FY 14
  - 67,795 square feet in CAC office space utilized by CPS caseworkers
    - CACs that are collecting rent are doing so at a steep discount of up to 78% compared to market values
  - Caseworker morale: Nonprofit model engages community support for caseworkers
  - More seamless joint investigations with law enforcement, medical/mental health provides

Additional Applications of the MDT Approach

- With additional resources, the CAC MDT model can be utilized for other populations such as child fatality reviews, cases that pose a high risk of child maltreatment related fatality, human trafficking, and other areas of child maltreatment
- The MDT approach is a tried and true model that can serve as an adaptable structure without having to “recreate the wheel”

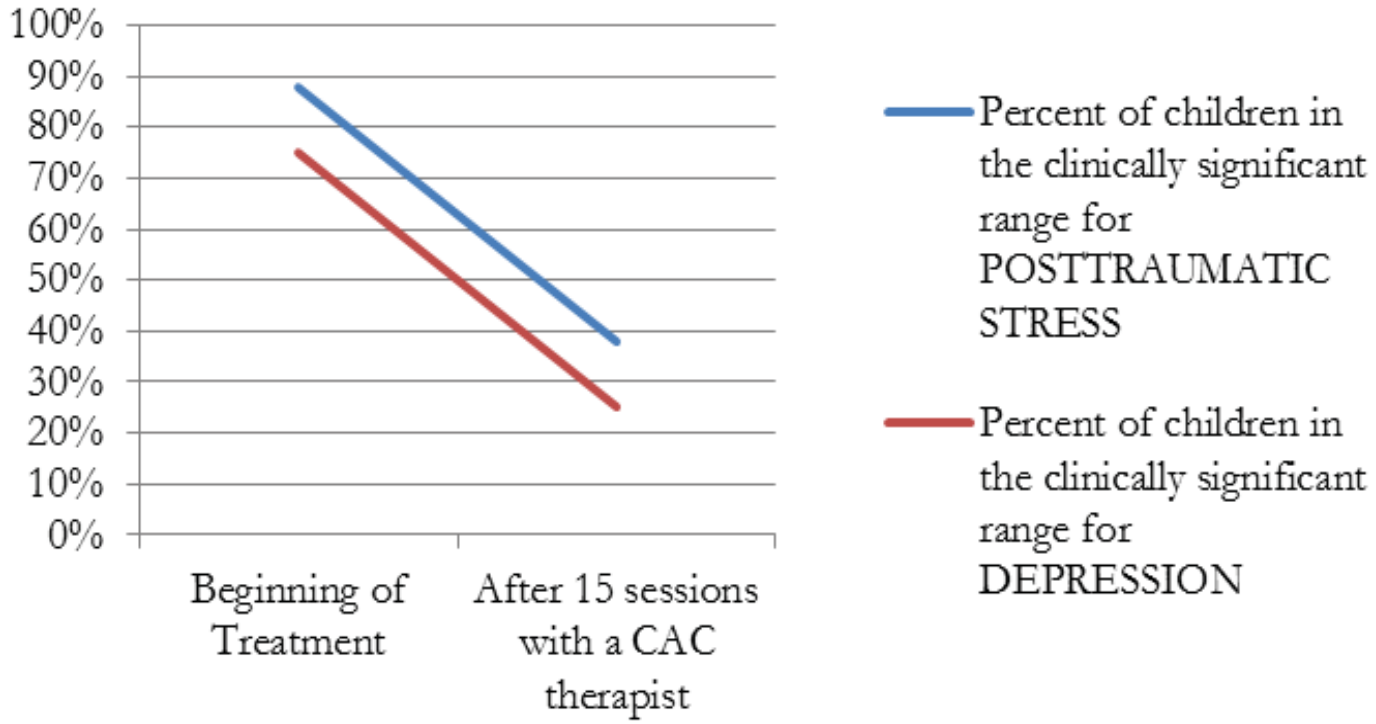
Recent Successes

- 20 New Counties added to the official CAC service area in Fy 14-15
- Expanding and Strengthening the DFPS/CAC Partnership
  - Addition of APS and CCL investigators as MDT partners
- New forensic interviewing protocol adapted to meet the needs of victims of trafficking, young children, and children with disabilities
- Mental Health Initiatives: Trauma-Focused Cognitive Behavioral Therapy (TF-CBT) and Parent Child Interaction Therapy (PCIT)

Successes: TF-CBT

Texas CACs are leaders in TF-CBT, an evidence-based form of treatment. Texas is home to the highest number of certified TF-CBT therapists in the nation; 92% are employed by a CAC and 70% were trained by CACTX.

Results for Children after CAC TF-CBT Therapy



Successes: PCIT

- Evidence-based treatment that focuses on improving parent-child interactions
  - Target population: children ages 3-8 who have experienced a trauma
  - Addresses behavioral problems stemming from trauma and abuse and improves parenting skills
- Proven to reduce recurrence of abuse from 49% to 19%
- CACTX has contracted with the University of California, Davis to train CAC clinicians in the PCIT modality

Challenges

- Ensuring children are brought to a CAC for interviews by CPS or law enforcement
  - Best way to ensure a joint investigation/successful case outcome
  - Best way to ensure appropriate interview practices are utilized and the integrity of the child's statement is preserved
  - Best way to ensure that these victims receive recovery services and support
- Operationalizing best practices can be a challenge when any one MDT partner undergoes turnover, infrastructure changes, or policy modifications

Challenges

- Civil and criminal investigators face vastly different timelines by virtue of their respective mandates. This lack of symmetry can inherently cause a lack of coordination
- Maintaining client engagement for recovery services with confirmed victims when there is no referral to FBSS or CVS
  - Ensuring a seamless transition to CAC recovery services once the State is no longer involved
  - Treating trauma is key to breaking the cycle of abuse

Challenges

- Capacity and expanding breadth of services
  - Expanding in the face of unstable funding is a challenge
  - Network already operating at capacity
  - In FY 15, 71 counties will still remain outside of the official service area of a CAC. The number of sexual abuse cases assigned for investigation by CPS in those counties still averages over 1,000/year.
  - Should capacity allow, the CAC approach to investigations would yield benefits to other forms of cases, including those with a high risk of child maltreatment related fatality and human trafficking

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Children's Advocacy Centers of Texas, Inc.
www.cactx.org

Panel 1:
Medical Provider

WE MAKE LIVES BETTER
UT HEALTH SCIENCE CENTER™
SAN ANTONIO

Department of Pediatrics
Division of Child Abuse Pediatrics

July 2, 2014

Select Committee on Child Protection

Testimony offered in Austin, Texas by:

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University of Texas Health Science Center at San Antonio
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Honorable Members of the Select Committee:

Thank you for the opportunity to address the Committee as you undertake your work on a very important goal: improving Texas' response to the maltreatment of children in our state.

I was asked to address the role of the medical system in the continuum of child protective services, including services provided.

I have organized my report into the following major points of discussion:

1. Recent advancements in medical consultation services for DFPS investigators, and diagnosis and treatment services for child abuse victims:
    a. The Forensic Assessment Center Network
    b. The MedCARES Network
    c. Impact of FACN and MedCARES in child abuse/neglect investigations.
2. Improved medical and mental health services to children in foster care:
    a. Dedicated Foster Care clinics.
    b. Guidelines for the use of psychotropic medications in children in foster care.
    c. Widespread implementation of Trauma-Informed Cognitive Behavior Therapy.
3. Other areas of medical participation:
    a. Child Fatality Review Teams.
    b. Children's Advocacy Centers Multidisciplinary Teams.
4. Concluding observations.

1. **Recent enhancements in medical consultation services for child abuse investigators, and diagnosis and treatment services for child abuse victims.**

Over the past decade, the Texas Legislature has funded two important initiatives to make expert medical consultations more available to child abuse investigators and provide improved diagnostic and treatment services to child abuse victims.

These initiatives coincided with the recognition of Child Abuse Pediatrics as a full-fledged subspecialty within the field of Pediatrics, and with a national effort to establish Child Abuse Centers of Excellence at major academic medical centers (HealthCARES). Although HealthCARES was never enacted, the Children's Hospitals Association (then known as the National Association of Children's Hospitals and Related Institutions or NACHRI) adopted its principles as part of a major effort to expand services for abuse victims and children's hospitals.

The funding provided by the Texas Legislature for these two initiatives has facilitated the establishment of nine Child Abuse Centers of Excellence around the state, most of them located at Children's Hospitals. Staffed by 16 board-certified Child Abuse Pediatricians, the Centers are organized into two overlapping statewide networks: the Forensic Assessment Center Network and the Medical Child Abuse Resource and Education System.

Forensic Assessment Center Network (FACN).

In 2005, the Texas Legislature passed Senate Bill 6, a comprehensive reform of the Department of Family and Protective Services. The measure called for the establishment of a statewide network that would make medical expertise available to Children's Protective Services (CPS) investigators, particularly those working in underserved areas of the state, and to those investigators handling difficult cases where an additional expert medical opinion is desired.

The contract to establish and administer the network was awarded to the University of Texas Medical School at Houston in 2006. Currently, five University of Texas medical schools (Houston, Galveston, Austin, Dallas, and San Antonio) and the Texas Tech University School of Medicine in Lubbock provide expert consultation services upon request to all Child Protective Services, Child Care Licensing, and Residential Child Care Licensing investigators throughout the state. These consultation services include:

- Case reviews;
- Regular inservices and workshops;
- Court testimony in DFPS proceedings;
- Second opinions when requested; and
- Internal quality assurance reviews.

The Medical Child Abuse Resource and Education System (MedCARES).

The FACN was a major achievement that for the first time provided stable funding to sustain and develop pediatric expertise in child maltreatment in Texas. However, its strict limitations to the provision of consultation services meant that additional funding sources would be required if true Centers of Excellence could be established and maintained--centers that would provide:

- Direct and comprehensive medical care to child maltreatment victims;
- Advanced education for all levels of health-care providers, including fellowship programs in Child Abuse Pediatrics, to improve front-line detection and reporting of suspected abuse;

- Scientific research into the causes, identification, treatment, and prevention of child maltreatment;
- Evidence-based programs aimed at the prevention of future abuse; and
- Support and outreach to develop more Centers of Excellence in underserved areas of the state.

In 2009, the Texas Legislature passed legislation to fund and develop a network of Child Abuse Centers of Excellence, to be administered by the Texas Department of State Health Services and known as MedCARES. Currently the network supports 8 centers of excellence, mainly at major children's hospitals, and an equal number of satellite or 'mentee' sites, mostly located in community hospitals with strong regional presences.

Impact of FACN and MedCARES in the investigations of child abuse and neglect.

Child abuse pediatric consultants often play a key role in helping CPS workers reach the most timely and appropriate safety placement decisions, particularly in cases involving child deaths, serious injuries, or complex medical findings.

For example, in the San Antonio region the FACN child abuse pediatricians meet with CPS investigators, supervisors, and risk management personnel twice a week to review all cases involving young children with serious injuries. These 'Serious Abuse/Neglect Staffings' have resulted in changes to CPS safety decisions in 26% of the reviewed cases.

2. Improved medical and mental health services for children in foster care.

Children in foster care by definition have experienced child abuse or neglect of sufficient severity that they cannot remain in the care of their parents and family. It is not surprising that they are highly likely to have substantial medical and mental health needs.

Children in foster care are all enrolled in Medicaid and are required to have regular medical and dental well child examinations. However, not all primary care providers are equally informed on the special medical and psychological problems experienced by these children, and may underestimate their need for services and referrals. In addition, medical records often do not transfer quickly from one provider to the next when a child is relocated, so ongoing medical care is frequently disrupted for children in foster care.

Some pediatricians and other providers have focused on addressing the special needs of these children, and a few clinics that specialize in foster care have been established around the state. The best-known are the Foster Care Clinic at Children's Medical Center in Dallas and the Child Protective Services clinic in Houston.

Important strides in the mental health care of children in foster care have also taken place in Texas. The Ad Hoc Working Group on Psychotropic Medication Parameters for Children and Youth in Foster Care is an ongoing collaboration among DFPS, the Department of State Health Services, HHSC, the University of Texas School of Pharmacy, and other experts. The parameters developed by the Ad Hoc Working Group have reduced excessive psychotropic medication use among children in foster care by

up to 40%, and the parameters are widely recognized as the most advanced evidence-based guidelines in the nation.

Another area in which significant improvements have taken place is the widespread adoption of Trauma-Informed Cognitive Behavioral Therapy as the therapy methodology of choice for children in foster care. TI-CBT has the strongest evidence basis for treating children who have survived major traumas, and also has a set of core criteria that allow for

3. Other areas of medical participation.

Most child abuse pediatricians and many other physicians in the state, including medical examiners and interested general pediatricians, neonatologists, and family physicians, actively participate in their local Child Fatality Review Teams, bringing important medical expertise to the table as child deaths are analyzed. Some physicians are active members of the State CFRT as well.

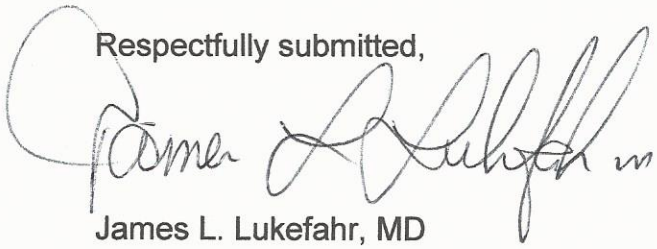
Children's Advocacy Centers sponsor Multidisciplinary Teams to review and coordinate child abuse investigations in their communities. MDTs are required to have medical representation, and most child abuse pediatricians in the state are active MDT participants. As with CFRTs, many communities are well served by interested general pediatricians and other specialists.

4. Concluding Observations

Texas has emerged as a leader among the states in providing Child Abuse Pediatrics expertise to CPS investigators through the FACN and MedCARES networks. I submit to the Committee that maintaining stable funding (and increasing funding when possible) for these networks should remain an important priority for Texas leaders.

I am also pleased to report that there is an increased focus of the medical profession, on achieving optimal medical and mental health care for children in foster care, as demonstrated by the establishment of two comprehensive clinics dedicated to those children, and by substantive advances in establishing robust guidelines for the use of psychotropic medications and evidence-based therapy.

Respectfully submitted,



James L. Lukefahr, MD

The Role of the Medical System in the Continuum of Child Protection Services

James L. Lukefahr, MD

- Medical Director, Children's Hospital of San Antonio Center for Miracles
- Professor, Division of Child Abuse Pediatrics University of Texas Health Science Center

Recent enhancements in medical child abuse services

- Formal recognition of the medical subspecialty of Child Abuse Pediatrics
- National efforts to establish Child Abuse Centers of Excellence
- Texas funding for Centers of Excellence:
  - Forensic Assessment Center Network (DFPS): consultation services to CPS investigators
  - MedCARES (Dept of State Health Services): direct medical care for victims, education, research, outreach

Senate Bill 6 (2005)

- **Problem:** CPS investigators were not receiving consistent, reliable support from medical experts.
- Especially in rural areas, investigations were being hampered by inappropriate, inadequate, or conflicting advice from physicians who were not trained in pediatrics and/or trauma and forensics.
- **Solution:** Fund a statewide network of pediatric consultants with expertise in child maltreatment and injury.

Forensic Assessment Center Network

Started January 2007

- Contract between University of Texas System (administered by UT Houston School of Medicine) and DFPS.
- 6 academic centers with expertise in child abuse pediatrics:
  - UT Houston
  - UT Southwestern (Dallas)
  - UT Southwestern (Austin)
  - UT Health Science Center San Antonio
  - UTMB (Galveston)
  - Texas Tech Health Science Center (Lubbock)

Forensic Assessment Center Network

Started January 2007

- **Services:**
  - Provide forensic medical consultations via secure web-based system that allows prompt uploading and reviewing photos, medical records, Xrays, other information.
  - 24-hour availability.
  - Provide expert testimony regarding child abuse/neglect
  - Provide training to CPS caseworkers and healthcare providers
    - Presentations quarterly
    - On-line educational modules

MedCARES (2010)

- **Goal:** to build a network of medical assessment centers to provide evaluations of children who are suspected victims of abuse or neglect
- Centers identify and meet needs of CPS **and other** referral services, especially primary care physicians, law enforcement and school health.
- 9 current Centers of Excellence treat children, educate professionals, engage in research, and mentor smaller centers.

MEDCARES

MEDCARES centers of excellence:

Austin (Dell Children's)
Corpus Christi (Driscoll Children's)
Dallas (Children's Medical Center)
Fort Worth (Cook Children's)
Houston (Texas Children's Hospital)
Houston (Hermann Children's Hospital)
Lubbock (Texas Tech)
San Antonio (CHRISTUS Santa Rosa CFM)
El Paso (El Paso Hospital)

Outreach sites:

Alpine
Abilene
Tyler
Beaumont
Waco
Galveston
Kerrville
Harlingen

Improved Health Care for Children in Foster Care

- Dedicated Foster Care Clinics
  - Currently in Dallas and Houston
  - Other cities exploring this model.
- Texas leads the nation in developing guidelines that have reduced overuse of psychotropic medications in foster care.
- Trauma-informed Cognitive Behavioral Therapy is now the norm for Texas foster care.

Other areas of active medical participation

- Child Fatality Review Teams.
- Children's Advocacy Centers
  - Multidisciplinary Teams

Summary

- Broad access to Child Abuse Pediatrics expertise: a major Texas achievement.
  - Forensic Assessment Center Network
  - MedCARES Network
- Improved medical and mental health care for children in foster care.
- Child Fatality Review Teams and CAC Multidisciplinary Teams.

Panel 1:
Law Enforcement

Presentation to be Provided at Hearing

Panel 2:

Supreme Court of Texas Permanent Judicial Commission for Children, Youth and Families (Children's Commission)

Select Committee on Child Protection
July 1, 2014

Tina Amberboy, JD

Executive Director
Supreme Court Children's Commission

Texas Supreme Court Children's Commission

- Federally funded by Administration of Children and Families, Court Improvement Program
  - Administer grant for Texas Supreme Court
    - Pass through $$ to organizations and agencies
    - Commission operations

- Judicial leadership at the highest level needed for systemic improvement in how courts handle child protection cases

- Lack of communication and collaboration between the child welfare agency, the courts, and child welfare advocates

- Not enough specialized, multi-disciplinary training or best practice information for judges handling CPS cases

- Attorney training not readily available across Texas, contributing to inadequate legal representation in CPS cases

    - Established by Court Order November 2007

Commission Structure

- 25 Commissioners
  - Chaired by sitting Supreme Court Justice
  - Trial & Appellate Court judges, DFPS & CPS, private foundations, State Bar of Texas, Texas CASA, Legislative, law firms, parents
  - Staff of 8
- 40-member advisory council
- Several standing and ad hoc multidisciplinary committees and workgroups that involve 200+ child welfare judges, lawyers, advocates, and stakeholders

Children's Commission Activities

- Support and encourage judicial leadership
- Provide consistent sponsorship, funding, facilitation, and participation in numerous meetings, workgroups, conference calls and training events aimed at developing strategies to reform the child welfare system, and improve outcomes for children and families
- Promote big tent theory and institutionalized collaboration
- Provide project management for projects that address systemic problems
- Distribute communiqué and reports to judges and child welfare stakeholders about various issues affecting child welfare
- Partner with Texas Center for Judiciary, State Bar of Texas, DFPS, Texas CASA, and national and state level organizations to help train judges, lawyers, and legal system stakeholders

Principles To Help Guide Judges Handling CPS Cases

- No child enters foster care or leaves foster care without a court order
- Every child needs a permanent home as quickly as possible
- Every parent is legally entitled to protections and due process
- Families and caregivers are critical to safety, permanency and child wellbeing
- Courts are in a unique position to bring stakeholders together

Texas Court Structure

- Supreme Court (highest civil appellate court)
- Court of Criminal Appeals (highest criminal appellate court)
  - 14 Intermediate appellate courts
    - 457 District Courts (district judges)
    - 88 Counties have CCLs (county court at law judges)
    - 254 Constitutional County Courts (admin, probate, juvenile and misdemeanors)
    - 67+/- Associate Judges attached to District Courts
    - 9 Administrative Judicial Regions
    - Specialty Courts
      - IV-D aka Child Support Courts (41)
      - Child Protection Courts (20)
- Variation across state in the type of court responsible for CPS cases in each jurisdiction
- Texas courts hold over 90,000 child protection hearings each year

Multiple Persons, Funding Involved

- Only the state and parents are parties, but there are many other interested persons who are NOT parties
- DFPS funds the foster care system through federal funds (entitlements, block grants, restricted funds) and state general revenue
- Counties fund the judicial resources and legal representation, except for state district judge salaries and CPC judge salaries
- More collaborative than adversarial

CPS Case Timeline

12-18 months	Action
Day 0	DFPS takes possession of child (removes child from parent / guardian). TFC Ch 262
Day 14	Court must conduct Adversary Hearing (aka 14-day or Ch 262 Hearing). TFC 262.201 - Home studies are due, Temporary Visitation Plan, attorney appointed for child, and for parent, if indigent and opposed to suit.
Day 60	Court must conduct Status Hearing. TFC 263.201 - Written Visitation Plan - Family Plan of Service
Day 180	Court must conduct First Permanency Hearing. TFC 263.301 - Permanency Report to Court, includes Primary and Concurrent Permanency Goal
Day 300	Court must conduct Subsequent Permanency Hearing. TFC 263.305 - Permanency Report to Court, includes Primary and Concurrent Permanency Goal Review
Day 300-365 (12 months)	Mediation, Trial, Resolution, or Extension (one time, six-month, extraordinary circumstances). TFC 263.401
Day 365 – 545 (18 months)	Final Order resolving parental rights and possession no later than 545th day. TFC 263.401
Day 545-/+	Placement Review Hearings for children placed in Permanent Managing Conservatorship - Placement Report to Court. TFC 263.501

Court Duties During Case

	Action
First Hearing (Ex parte)	Judge authorizes removal, makes certain findings, places the child in foster care or perhaps with a relative, sets a hearing that must occur within two weeks of the removal date.
Adversary Hearing (Day 14)	First hearing where parents are likely to be present. Must be held within 14 days of removal; home studies and Temporary Visitation Plan due; attorney for child must be appointed; and attorney for parent, if indigent and opposed to suit. Standard of proof: satisfy person of ordinary prudence and caution that there was a danger to the child and to remain in the home is contrary to the child's welfare. Also, finding that DFPS made reasonable efforts to prevent removal, and has made reasonable efforts to reunify, but risk of danger continues.
Status Hearing (Day 60)	Court must review the service plan for the child, ensure parents have submitted names of potential family placements, and make findings that the service plan was developed in consultation with, and signed by, the parent. Address relative placements again; ensure adult relatives have been notified that child is in foster care; admonish parents of their right to attorney and appoint one if parent is indigent and opposed to suit; must approve Visitation Plan; issue a court order that sets status quo for the case.
1st Perm Hrg (Day 180)	Court must ensure notice provided; parties served; child in attendance, review child/family primary and concurrent permanency plan; ensure child has education decision-maker and a trained medical consenter; review education goals and progress, medical care and medications, visitation with family and siblings; ensure CASA and AAL seeing client and representing client's interests; appropriate placement; substitute care is still needed; needs are being met; DFPS has made reasonable efforts to execute the perm goal / plan.
2nd Perm Hrg (Day 300)	Court must conduct Second Permanency Hearing. Same as 1st Perm Hrg except that court may refer case to mediation, trial or grant a six-month extension if extraordinary circumstances
Final Hearing or commence trial (by Day 365)	Commence trial, enter mediated settlement agreement or other agreement or grant six-month extension. Child will exit care to reunification or will enter permanent managing conservatorship of another person or the state to await adoption, conservatorship, long-term foster care or age out of care.
Day 365 – 545 (18 months)	If case extended, must hold another Permanency Hearing.
Placement Review (Day 545-/+)	Legal case closed, child is in state PMC. Court conducts Placement Review Hearings every six months until child exits and DFPS is dismissed. Court must ensure notice provided; child in attendance, review permanency plan; ensure child has education decision-maker and a trained medical consenter; review education goals and progress, medical care and medications, visitation with family and siblings, as appropriate; ensure CASA and AAL seeing client and representing client's interests, if still appointed; appropriate placement; needs are being met; DFSP is making reasonable efforts to finalize permanency plan/goal. Additional duties apply if youth is age 14 or older and then again when youth turns 16.

Commission Studies, Reports, and Publications

- Child Protection Law Bench Book
- Legal System Barriers to Permanency for Children in Long-term Foster Care
- Legal Representation of Parties in CPS Cases
- Permanency Outcomes for Children in CPS Care
- Notice and Engagement of Families and Caregivers in CPS Cases
- Child Welfare Services for Families
- Improving Education Outcomes for Children in Foster Care
- Use of Psychoactive Medication in Foster Care Population
- Family Visitation in Child Protection Cases
- Due Process and Child Wellbeing in Texas Child Protection Hearings

Panel 2:

Texas Court Appointed Special Advocates (CASA)

Texas CASA Information for House Select Committee on Child Protection

Background on Texas CASA and CASA Programs Nationally

Texas CASA is the state association that partners with 71 local Court Appointed Special Advocates (CASA) programs in Texas to be a voice for abused and neglected children. In FY 2013 CASA programs served 207 counties, utilizing 7,611 CASA volunteers to advocate for 23,611 children and youth in the state's custody. CASA volunteers are well screened and receive at least 30 hours of training. CASA volunteers advocate for the best interests of the children and youth they are appointed to represent, usually as guardians ad litem. CASA involvement is authorized in the Texas Family Code and elsewhere.

Texas CASA is part of a national volunteer movement that began in 1977 when a judge in Seattle decided he needed to know more about the children whose lives were in his hands. He started using community volunteers – regular citizens – as a "voice in court" for abused and neglected children. These Court Appointed Special Advocates® (CASA) provided him with the detailed information he needed to safeguard the children's best interests and ensure that they were placed in safe, permanent homes as quickly as possible. The program was so successful that it was copied around the nation. From that first program has grown a network of more than 951 CASA and guardian ad litem programs that are recruiting, training and supporting volunteers in 49 states and the District of Columbia. Today, the CASA movement has evolved into one of the largest volunteer organizations in the country.

The first CASA program established in Texas was Dallas CASA in 1980. Texas CASA was formed in 1989 as a result of a merger between the Texas Task Force on Permanency Planning and the Texas CASA network that was made up of the 14 existing CASA programs in the state.

Research has shown that foster children with a CASA volunteer are more likely to pass all their classes in school, are less likely to spend three or more years in foster care, and are less likely to re-enter the system after a permanent placement.

Texas CASA and Local CASA Programs

Texas CASA and each of the local partner programs are all separate 501(c)(3) non-profits with their own boards of directors. Texas CASA does not provide direct services. Instead we provide leadership and support in a variety of ways including technical assistance, training, quality assurance, grants management, and advocacy. CASA programs have received state funding since 1992 and Texas CASA is the conduit for funding local programs.

The establishment of a new CASA program in Abilene in May marked the 71st program in Texas, now covering 207 counties. Our first attachment is a map showing the 71 local programs and the counties they serve. In addition, the attachment "Growth FY 1992-FY 2013" shows the steady growth of children served by CASA programs and growth in CASA volunteers, along with the number of children in state care. In 2013 CASA programs served over half the children in state care for the first time. While we are proud of the work CASA does, our vision is a CASA for every child who needs one, so we are dedicated to continuing to build and expand CASA programs in Texas.

The CASA service provision model is unusual in that it employs professional staff to oversee highly screened and well trained volunteers. All volunteers and staff are subject to rigorous criminal background checks. Volunteers receive at least 30 hours of training, plus court observation, before being sworn in by a court, as well as continuing education requirements. State and CASA standards limit caseloads for CASA supervisors to no more that 30 volunteers. CASA volunteers are generally limited to serving a single child or sibling group, and no more than two is ever allowed. This allows CASA volunteers to have the time to perform quality advocacy for the children and youth they serve.

CASA and the Courts

The Texas Family Code in Chapter 107, Subchapters A, B and C, provides the legal basis for CASA involvement in suits brought by the government affecting the parent-child relationship**.** In most cases in which CASAs are appointed they serve as guardians ad litem (GAL).

In cases brought by the government seeking termination of parental rights or appointment of a conservator, appointment of a guardian ad litem (GAL) is mandated. While the Family Code allows an attorney ad litem (AAL) to serve in a dual role as GAL, this can create potential conflict of interest issues. Judges have found that CASA volunteers can serve in a variety of roles—as independent fact finder, information gatherer for the court, monitor of court orders, and as advocate for the child's best interests. In addition, because CASA volunteers generally only serve one child at a time they have the time and focus to perform quality advocacy.

Local CASA programs enter into MOU/agreed orders with their courts about the roles and duties of the CASA program and their volunteers. In most counties CASA volunteers serve as guardian ad litem, representing the best interests of the child. At last count, in about 16 counties CASAs were not appointed GAL but serve as volunteer advocates.

CASA and DFPS

In addition to the role that CASA programs play in the judicial system, they also serve as a partner with DFPS to help assure the best outcomes for children and youth in state care.

Because of the high rate of DFPS staff turnover CASA volunteers are often the adults with the most permanent presence in foster children's lives. Having CASA volunteers serve a single child or sibling group assures they can get to know the child and can focus on quality advocacy to help guide the child to a safe and permanent home as quickly as possible.

In addition to the Family Code provisions regarding CASA, DFPS has entered into a Memorandum of Understanding (MOU) with Texas CASA that is intended to define and foster a collaborative mutual working relationship between CPA and local CASA programs. A copy of the MOU is attached. Texas CASA sees itself as a partner with DFPS and CPS.

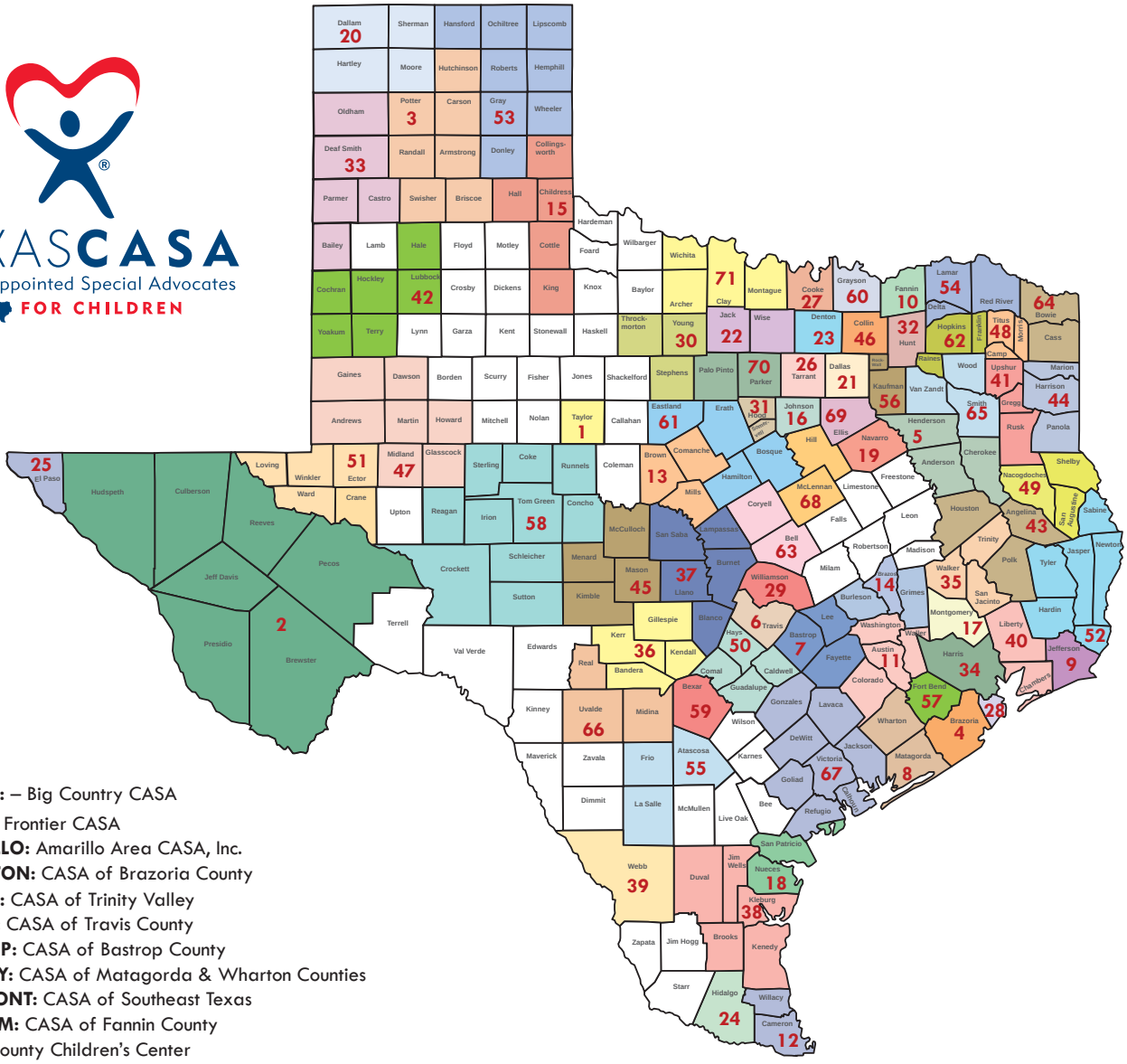
The legislature has recognized the value of CASA programs to improve outcomes for children in state care and has enacted a number of measures to help improve communication between CPS and CASA. Among these measures was HB 1227 from the 83rd session that will allow CASA volunteers to access CPS case files on the IMPACT database system, and will eventually allow CASA volunteers to add notes to the system. Effective communication between CASA volunteers and CPS caseworkers and other staff was identified as the most significant problem affecting volunteers' ability to advocate effectively in a Texas CASA survey from late last year.

Challenges for CASA

Texas CASA member programs face several major challenges. Attracting, training and retaining enough new volunteers to serve all the children and youth who need a CASA is our vision, but this will require additional resources and significant expansion in underserved areas of the state. CASA volunteers are less reflective of the children they serve than is ideal, so we have undertaken a statewide Hispanic recruitment campaign and other outreach efforts to address the issue of disproportionality. There are other systematic problems with the child welfare system in Texas that may be addressed through the Sunset process.

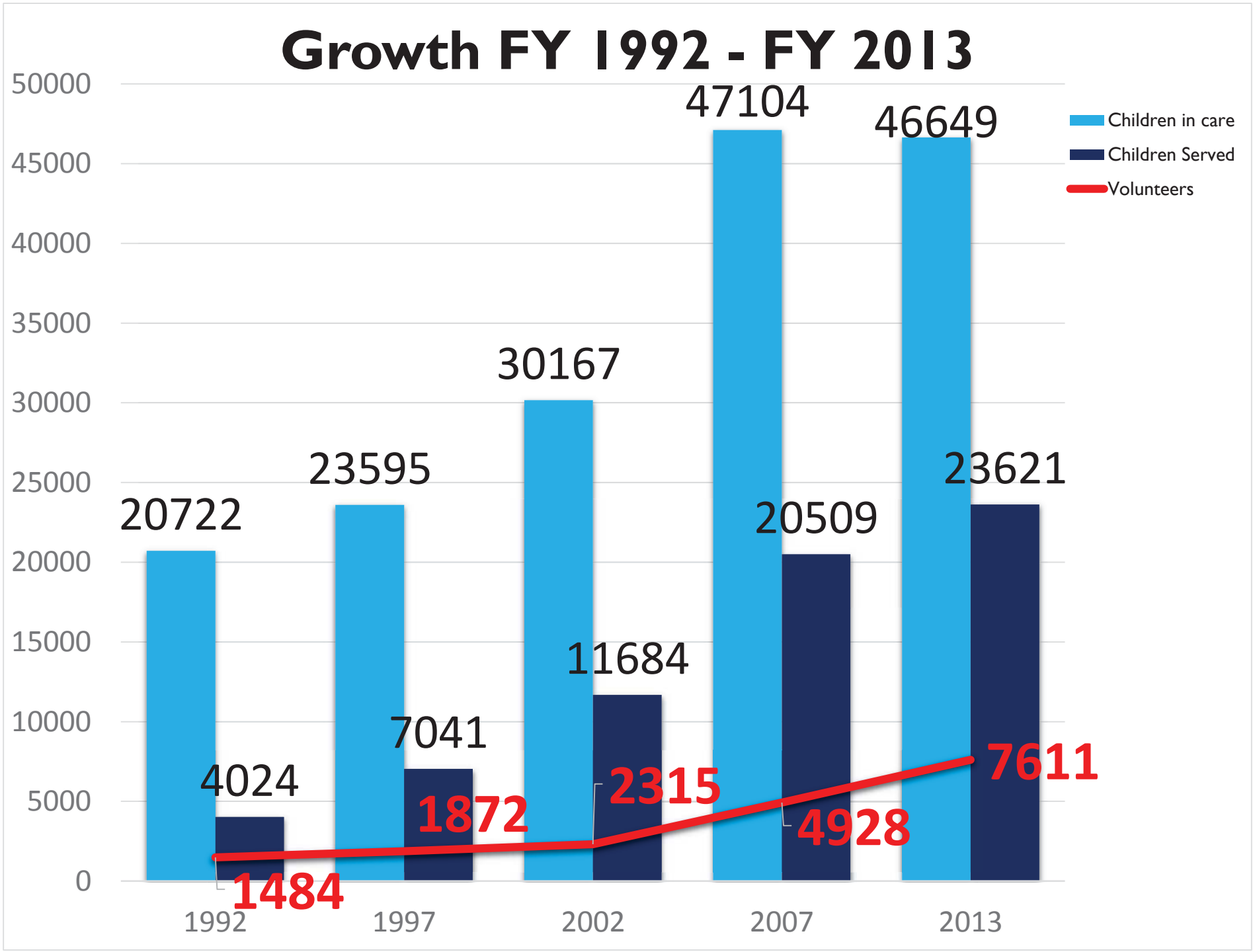
CASA PROGRAMS IN TEXAS 2014

TEXASCASA
Court Appointed Special Advocates
FOR CHILDREN



1 **ABILENE:** – Big Country CASA
2 **ALPINE:** Frontier CASA
3 **AMARILLO:** Amarillo Area CASA, Inc.
4 **ANGLETON:** CASA of Brazoria County
5 **ATHENS:** CASA of Trinity Valley
6 **AUSTIN:** CASA of Travis County
7 **BASTROP:** CASA of Bastrop County
8 **BAY CITY:** CASA of Matagorda & Wharton Counties
9 **BEAUMONT:** CASA of Southeast Texas
10 **BONHAM:** CASA of Fannin County
Fannin County Children's Center
11 **BRENHAM:** CASA for Kids of South Central Texas
12 **BROWNSVILLE:** CASA of Cameron & Willacy Counties
13 **BROWNWOOD:** CASA in the Heart of Texas
14 **BRYAN:** Voices for Children, Inc. - CASA of Brazos County
15 **CHILDRESS:** CASA of the Rolling Plains
16 **CLEBURNE:** CASA of Johnson County
17 **CONROE:** Child Advocates of Montgomery County
18 **CORPUS CHRISTI:** CASA of the Coastal Bend
19 **CORSICANA:** CASA of Navarro County
20 **DALHART:** CASA 69, Inc.
21 **DALLAS:** Dallas CASA
22 **DECATUR:** CASA of Wise & Jack Counties
23 **DENTON:** CASA of Denton County
24 **EDINBURG:** CASA of Hidalgo County
25 **EL PASO:** CASA of El Paso
26 **FORT WORTH:** CASA of Tarrant County
27 **GAINESVILLE:** CASA of North Texas
28 **GALVESTON:** Voices for Children – CASA of Galveston County
29 **GEORGETOWN:** CASA of Williamson County
30 **GRAHAM:** North Star CASA
31 **GRANBURY:** CASA of Hood & Somervell Counties
32 **GREENVILLE:** CASA for Hunt County
33 **HEREFORD:** Great Plains CASA for Kids
34 **HOUSTON:** Child Advocates, Inc.
35 **HUNTSVILLE:** CASA of Walker, San Jacinto & Trinity Counties
36 **KERRVILLE:** Hill Country CASA
37 **KINGSLAND:** CASA for the Highland Lakes Area
38 **KINGSVILLE:** Brush Country CASA
39 **LAREDO:** Voz de Niños
40 **LIBERTY:** CASA of Liberty/Chambers Counties
41 **LONGVIEW:** East Texas CASA
42 **LUBBOCK:** CASA of the South Plains
43 **LUFKIN:** CASA of the Pines
44 **MARSHALL:** CASA of Harrison County
45 **MASON:** Bluebonnet CASA
46 **McKINNEY:** CASA of Collin County
47 **MIDLAND:** CASA of West Texas
48 **MOUNT PLEASANT:** – CASA of Titus, Camp & Morris Counties
49 **NACOGDOCHES:** CASA of Deep East Texas
50 **NEW BRAUNFELS:** CASA of Central Texas
51 **ODESSA:** CASA of the Permian Basin
52 **ORANGE:** Advocates for Children, Inc.
53 **PAMPA:** CASA of the High Plains, Inc.
54 **PARIS:** CASA for KIDS
55 **PLEASANTON:** CASA of South Texas, Inc.
56 **ROCKWALL:** Lone Star CASA
57 **ROSENBERG:** Child Advocates of Fort Bend
58 **SAN ANGELO:** Children's Advocacy Center of Tom Green County
59 **SAN ANTONIO:** Child Advocates San Antonio, Inc.
60 **SHERMAN:** CASA of Grayson County
61 **STEPHENVILLE:** CASA for the Cross Timbers Area
62 **SULPHUR SPRINGS:** Lake Country CASA
63 **TEMPLE:** CASA of Bell & Coryell Counties
64 **TEXARKANA:** CASA of Northeast Texas
65 **TYLER:** CASA for Kids of East Texas
66 **UVALDE:** Tri-County CASA
67 **VICTORIA:** Golden Crescent CASA, Inc.
68 **WACO:** CASA of McLennan & Hill Counties
69 **WAXAHACHIE:** CASA of Ellis County
70 **WEATHERFORD:** Court Appointed Special Advocates Hope for Children, Inc.
71 **WICHITA FALLS:** Child Advocates CASA of Red River

Updated 5/22/2014


Growth FY 1992 - FY 2013
50000
45000
40000
35000
30000
25000
20000
15000
10000
5000
0
1992
1997
2002
2007
2013
Children in care
Children Served
Volunteers
20722
4024
1484
23595
7041
1872
30167
11684
2315
47104
20509
4928
46649
23621
7611

Memorandum of Understanding
Texas Department of Family and Protective Services, Child Protective Services Division
and
Texas Court Appointed Special Advocates
November 2013

I. Overview

The purpose of this Memorandum of Understanding (MOU) is to define and foster a collaborative working relationship between Court Appointed Special Advocate programs throughout the state, hereafter referred to as CASA, and the Texas Department of Family and Protective Services, Child Protective Services Division, hereafter referred to as CPS. This agreement establishes consistent policies and procedures that enhance the working relationship between CASA and CPS programs. The parties expect that the protocols within this document will be adhered to and enforced by state and local leadership.

II. Respective Roles – CPS and CASA

CPS is statutorily required to investigate allegations of abuse and neglect of children in Texas, and, when appointed as the managing conservator for a child being brought into the state's care on a temporary or permanent basis due to abuse or neglect, to act in the child's best interest regarding decisions of placement, education and medical care, services for the family, permanency planning, and others.

CASA volunteers are appointed to provide advocacy and best interest representation for children in the care of CPS whose families are involved in a CPS case. CASA programs adhere to standards promulgated by National CASA and Texas CASA. The minimum expectations of service for CASA volunteers are outlined in this agreement under CASA responsibilities.

III. Appointment of a CASA

Judges can appoint CASA at any point in the case: the ex parte hearing, adversary hearing, status hearing, initial permanency hearing, permanency hearing or review hearing. Typically, most CASA appointments are made at the ex-parte or 14-day adversary hearing. CASA's appointment to the case continues until the case is closed by the court or CASA is removed from the case by a court order. In extended jurisdiction cases when a youth who has turned 18 agrees to remain in care and indicates a desire in writing for his or her CASA to continue, CASA appointment will continue. Local CASA programs who do not have the volunteer capacity to accept all case appointments will work with local courts to determine a process for selection of cases for CASA appointment.

CASA may also be appointed by a judge to a juvenile or cross-over case or a court-ordered services case. CASA's appointment in these types of cases also continues until the case is closed or CASA is dismissed by court order.

IV. Local CASA – Program Courtesy Assistance

Given the vast geographical area of the state, local CASA programs will, as resources and local program policies permit, provide assistance to each other in fulfilling their responsibilities on a case. The local CASA program will notify the CPS caseworker when courtesy assistance is requested and provided and will notify the CPS caseworker when the courtesy assistance concludes.

V. CASA Responsibilities

A. **Notification of Appointment:** CASA will provide timely written notification of appointment to CPS, the attorneys, parents, and all other parties to the case in a manner agreed to locally. This notification will identify the CASA staff and CASA volunteer advocate assigned to the case and will provide contact information for both.

B. **Obtaining Court Order to Access Child Files:** In cases where the CASA is not appointed Guardian Ad Litem (GAL) by the court, the CASA program shall seek a court order to gain access to the child's records. A sample Order of Appointment is attached.

C. **Assist in Identifying the Child's Best Interest:** In a timely manner after appointment, and throughout the case, CASA shall review all records and documents permissible by law, court order or this MOU. CASA will interview the child, parents, social workers, teachers, and other persons to determine the facts and perspectives of the child and the child's situation.

D. **Maintain Regular Contact with the Child**
   i. CASA volunteers will meet in person with the child as required by CASA standards.
   ii. While CASA and CPS may visit together, it is expected that both will visit the child separately the majority of the time to gain an independent perspective. CASA will continue to visit the child according to CASA standards until CASA is dismissed from the case.
   iii. The CASA program will assure only qualified trained volunteers and staff will have contact with the child assigned to the CASA program.
   iv. CASA will have other types of age-appropriate contact with the child, including telephone calls, emails, video-conferencing, and/or letters, as applicable for the child's age and interests.

E. **Transportation of Children:** If a local CASA program's policies allow CASA to transport children, the CASA will secure written permission for transporting the child from the CPS caseworker.

F. **Represent the Child's Best Interest**
   i. Ensure that a Case Plan, Education Portfolio and Health Passport have been created and maintained for the child.
   ii. Provide input for the Health Social Educational and Genetic History report (HSEGH), profile in TARE, Life Book, targeted recruitment and preparation for adoption.
   iii. Participate in Permanency Planning Meetings, Transition Planning Meetings, Discharge Planning Meetings, and Adoption Selection Staffing. Participate in the Family Group Decision-Making Meetings (Family Group Conferences, Family Team Meetings and Circles of Support) per protocol. CASA may assist CPS in the engagement of family members and children in Family Group Decision-Making Meetings.
   iv. The CASA volunteer and CASA Supervisor will review home studies of prospective adoptive families that are determined eligible by CPS and will be invited to participate in the selection staffing for the child or children. CASA will offer an opinion as to appropriateness of a potential family to CPS and the court.
   v. Appear at all hearings to advocate for the child's best interest and permanency. Provide testimony when necessary, making recommendations for specific services

for the child and, when appropriate, the child's family. Provide written court reports for all regularly scheduled hearings.

vi. Participate in mediation regarding access to, conservatorship of, or any other issue regarding the child.

vii. Report on the progress of the Child and Family Service Plan(s).

viii. Review the medical care provided for a child and seek to elicit, in a developmentally appropriate manner, the child's opinion on the medical care provided.

G. **Confidentiality:**

i. All information and records regarding the case will be kept confidential. Local CASA programs will have board-approved written policies and procedures in place to assure confidentiality of case information and records.

ii. If sharing confidential information with outside parties such as foster parents and placements, schools and health care providers is necessary for the care and protection of the child, the information shared should always be the minimum necessary for the care and protection of the child and follow CPS and/or CASA policies.

iii. Once a case is closed and/or CASA is dismissed, CASA will assume full responsibility for ensuring all CPS records in their possession are either destroyed or kept in safe, secure storage for a time determined in writing in the local program board-approved policies.

H. **Notification of CASA Dismissal:** When CASA is dismissed from the case prior to the case being closed**,** CASA will provide written notification of dismissal in a timely manner to CPS, the attorneys, parents and all other parties to the case. When CASA is dismissed at the same time the case is closed, CASA will provide written notification of dismissal to parents, kinship or adoptive placements.

VI. CPS Responsibilities

A. **Access to the Child's Records and Information**

i. **Provision of Hard Copy Files:** In a timely manner after CASA appointment to a case, CPS will provide to CASA a hard copy of the Child and Family Service Plans, Permanency Progress Reports, Placement Review Reports, and any reports filed with the court. CASA may also obtain such records from the court.

ii. **Review of Other Records**: CPS will make available to CASA, in a manner agreed to locally, other records as permissible by law and/or court orders, including medical and mental health records (which may include psychological or other assessments of the child and therapy notes regarding the child). CPS will only make available a child's drug/alcohol treatment records if the child has specifically consented to that disclosure by signing and authorizing the disclosure on the required consent form.

iii. **Electronic Access to Records:** Each local CASA organization shall have electronic access to the health passport for children assigned to that local organization's staff or volunteers. Upon the development of an internet application allowing a CASA representative to access a child's case file through the DFPS IMPACT database and add the advocate's findings and reports to the child's case file, a CASA representative will have access to the database in accordance with HHSC rules adopted pursuant to statute.

iv. **Access to Parent Records:** CASA will be granted access to parent records when a court order specifies that such a release of records is permissible, or upon a signed parental release.

B. **Access to Child:** CPS will provide information to CASA about the child's placement, including all contact information, location and address, in a timely manner following CASA's appointment to the case. CPS will ensure access to the child to facilitate the in-person visits or other types of appropriate communication between the CASA and the child, and will ensure contracted residential providers are aware of these requirements.

C**. Notifications and Invitations:**

Notifications:

i. CPS will provide notice to the CASA program of all hearings and intent to non-suit in a timely manner. CPS will provide CASA with a copy of the Parent-Child Visitation plan when the plan is developed, as well as any changes or updates to the plan.
ii. CPS will notify CASA of planned mediation.
iii. If a youth is involved in the juvenile justice system or juvenile hearings, CPS will notify CASA of these hearings.
iv. CPS will notify CASA upon receipt of a provider's notice to end placement. CPS will consult with a child's CASA volunteer in making placement decisions. In cases of emergency placements where there is not time for consultation, CPS will notify the CASA as soon as possible after the change, but in no case later than three working days after the emergency placement change.
v. CASA will provide in writing information about the child's needs to be attached to the Common Application and provided to the Child Placement Unit to assist in finding the most appropriate placement for the child

Invitations:

vi. CPS will invite CASA to participate in Permanency Planning Meetings, Transition Planning Meetings, Discharge Planning Meetings, and Adoption Selection staffing. CPS will invite CASA to participate in Family Group Decision-making Meetings (Family Group Conferences, Family Team Meetings, and Circles of Support) per protocol. CASA may assist CPS in the engagement of family members and children in Family Group Decision-making Meetings. Invitations shall occur as soon as possible after the meeting is scheduled.
vii. The CASA volunteer and the CASA Supervisor shall be invited by CPS to participate in the mediation process when CPS is the party responsible for issuing invitations.

VII. General Provisions Applicable to Both Parties

CASA and CPS will:

A. **Share Information:** Share records and information in accordance with law and court orders. CASA and CPS acknowledge that collaboration throughout the life of a case helps to ensure the child's continued safety, well-being, and opportunities for permanency. CASA and CPS acknowledge that information sharing benefits children. Information sharing and communication helps to prevent disagreements that may impede the progress in meeting the needs, assuring the well-being and safety of the child. It also helps to secure the best and most timely permanency outcome for the case.

Unless limited by court order, areas of information-sharing may include:

i. identification of relative(s) and fictive kin;
ii. issues regarding visitation;
iii. child's placement and the placements' ability to meet the child's need for safety, well-being and permanency;
iv. child's education, including special education Admission, Review and Dismissal (ARD) meetings; the name and contact information of the education decision-maker and/or special education decision-maker (surrogate parent); and other important education information, meetings, events or activities;
v. child's diagnosis of physical or mental illness and any therapeutic interventions, including psychotherapy or prescribed medication; the name and contact information of the person authorized to consent to medical care on behalf of the child, and records and notes, including therapy notes;
vi. identified needs of the child or family and progress or assistance provided in the plan of service to meet these needs; information sharing in development of service plans and amendments to service plans and visitation plans;
vii. post-termination of parental rights adoption preparations, search and progress;
viii. supports for transition from care into independent living; and
ix. home studies of potential placements, foster, relative and adoptive placements selected by CPS as being eligible for consideration.

B. **Communicate with Necessary Parties**
   i. **CPS Caseworker and CASA:** Will communicate with one another after initial appointment and at least one time per month for the duration of the case.
   ii. **Current Primary Caregiver:** Meet in person with the child's current primary caregiver in a timely manner after placement occurs, and communicate with the caregiver at least once a month.
   iii. **Court:** Inform the court promptly of important developments in the case through appropriate means as determined by court rules and statute.
   iv. **Other Parties:** Interface with the mental health, medical, legal, educational and other community systems to advocate for the child's best interest. CPS and CASA will work collaboratively to ensure that foster parents, kinship providers, schools, child placing agencies and others providing services have the records needed to appropriately provide services and assistance. Confidential information should be shared to the minimum extent necessary to care for the child.

C. **Search for Family/Fictive Kin:** Work together to identify as many family members and fictive kin as possible for a child. CASA and CPS will share results of diligent search activities, case mining and family-finding and engagement efforts.

D. Encourage Self-Advocacy for Children and Youth: Encourage children and youth to advocate for their rights as well as ensure that the system respects and enforces their rights. CASA and CPS shall ensure children have been provided information about their rights as outlined in the Rights of Children and Youth in Foster Care "Bill of Rights" as required by CPS licensing standards and the residential contract provisions. http://www.dfps.state.tx.us/Adoption_and_Foster_Care/About_Foster_Care/rights.asp

E. Encourage Youth Participation: Encourage youth participation in court through attendance in person, and, if in person attendance is not possible, by teleconference. CASA and CPS shall also encourage youth to communicate their needs, desires and wishes with the court.

F. **Submit Court Reports:** Provide written court reports for regularly scheduled hearings – Adversary, Status, Initial Permanency, Permanency, and Placement Review hearings. These hearings are usually scheduled in advance and will allow time for CASA and CPS to discuss critical information each considers important to include in a court report. Prior to court hearings and preparation of written court reports, the CPS caseworker and the CASA volunteer should communicate and share information regarding recommendations related to placement, visitation, permanency and concurrent plans, and provision of services.

It is expected that CASA and CPS may have different recommendations in written court reports. Collaboration, discussion and sharing of information prior to the submission of reports to the court are important and should promote better outcomes for children.

CPS shall provide to CASA copies of its written court reports ten calendar days prior to a court hearing as required by the Texas Family Code. CASA shall provide copies of its written court reports to CPS as soon as possible, but not later than five calendar days prior to a court hearing.

Local jurisdictions will agree upon the method by which these court reports will be shared.

G. **Cross-Train:** Work together on a statewide and local level to develop opportunities to share training information or participate together in training. Knowing Who You Are and Permanency Values training are examples of good co-training opportunities. CPS will request local CASA participate in new caseworker training. CASA will request local CPS participate in new volunteer training.

H. **Address Disproportionality:** Will create collaborative efforts to address the issue of quality service for all children with the goal of positively impacting the mental health and well-being of children in foster care. Joint training opportunities to examine the issues of racial identity and disproportionality will be explored.

VIII. Resolution of Conflicts: CASA and CPS will work together to address conflicts and seek resolutions. Should disagreements and/or grievances occur between CPS and CASA on a case, the issues should be brought to the attention of the CPS Supervisor and the CASA Supervisor by the CPS case worker and the CASA volunteer. With the CPS and CASA Supervisors' assistance, the CPS Caseworker and the CASA volunteer should attempt to resolve these concerns. If resolution cannot be reached, the CPS Supervisor and the CASA Supervisor will take steps to resolve the concerns. If no resolution is reached, CPS will enlist the assistance of individuals according to the appropriate chain of command (i.e., Program Director, Program Administrator, Regional and/or State-level Directors) and the CASA Supervisor will enlist the assistance of individuals according to the appropriate chain of command (i.e., local CASA Program Director, Executive Director and/or Texas CASA) to resolve the issue.

IX. Terms of Agreement

A. **Effective Date:** This agreement is effective upon signatures of the undersigned parties and will remain in effect until it is:

i. Modified by agreement between Texas CASA and CPS; or
ii. Terminated by either party. Either party may terminate this agreement without cause by giving the other party written notice of termination.

B. **Review of Agreement:** Local CASA and CPS programs will review this agreement every two years and sign and re-commit to the working relationships outlined in this document.

Local Procedures: Local CASA and CPS offices may develop procedures consistent with this MOU in order to implement the requirements of the MOU in a way that enhances the parties' collaborative partnership but does not change the substantive provisions of the MOU. Informal local agreements regarding the methods by which the parties will communicate and collaborate that do not decrease collaboration or access outlined in this MOU do not require prior approval from the state CASA or DFPS office. Formal addendums that modify substantive provisions or policies outlined in this state MOU will require review by Texas CASA and approval from DFPS state office.

C. **Judiciary:** The parties agree that both local CASA programs and local CPS offices should provide a copy of current signed agreements to the judiciary responsible for hearing child abuse cases in their region, and, if possible, meet annually with all judges to further communication and collaboration with a goal of improving service and assistance to child victims and their families.

Texas Department of Family and Protective Services	**Texas Court Appointed Special Advocates**
Signature Printed Name: Title:	Signature Printed Name: Title:
Date	Date

Attachments:

I. Local Program Signature Page
II. How Information Will be Provided
III. Sample Order for GAL Appointment
IV. Sample Order for Volunteer Advocate Appointment

Local Program Signature Agreement Page

The representatives from CPS and CASA named below have met and reviewed the statewide Memorandum of Understanding (MOU) between the Texas Department of Family and Protective Services, Child Protective Services Division and Texas Court Appointed Special Advocates (CASA) that was adopted November 2013.

Local CASA and CPS programs will review this agreement every two years and re-commit to the working relationship.

We (CPS and CASA) understand that no modifications can be made to the adopted statewide MOU. We may develop procedures that are consistent with this MOU in order to implement the requirements of the MOU in a way that enhances the parties' collaborative partnership but does not change the substantive provisions of the MOU. Informal local agreements regarding the methods by which the parties will communicate and collaborate that do not decrease collaboration or access outlined in the MOU do not require prior approval from the state CASA or DFPS office. Formal addendums that modify substantive provisions or policies outlined in the state MOU will require review by Texas CASA and approval from DFPS state office.

Texas Department of Family and Protective Services/CPS Representative	Texas Court Appointed Special Advocates Representative
_____	_____
Signature	Signature
Printed Name:	Printed Name:
Title:	Title:
Counties Represented:	CASA Agency:
_____	_____
Date	Date

ATTACHMENT II
How Information Will be Provided

Information Type	How Information Will be Provided
Child and Family Service Plans	Hard copy provided by CPS, or by other agreed-upon secure method.
Education Portfolio	Access at child's placement.
Health Passport	Electronic access provided to certain CASA staff representatives.
Documents filed with court	Hard copy provided by CPS, or by other agreed-upon secure method.
Caseworker narratives	Access in CPS office.
Psychological/therapy notes of child	Access in CPS office, by other agreed-upon method, or as court requires.
Home studies	Access in CPS office, by other agreed-upon method, or as court requires.
Common Application for Placement	Access in CPS office, by other agreed-upon method, or as court requires.
Psychological/therapy notes of parent	Only provided if parent consents and/or court requires.
Drug/alcohol records of child	Only provided if child consents.
Drug/alcohol records of parent	Only provided if parent consents.

CAUSE NUMBER:

IN THE INTEREST OF:	*	**IN THE _____COURT**
	*	**OF _____ COUNTY,**
CHILDREN	*	

ORDER APPOINTING CASA OF (Name) COUNTY

The court hereby orders the appointment of (CASA Program Name) in the above referenced matter as the "guardian ad litem" as defined in section 107.002 and required in section 107.011 of the Texas Family Code. It is further ordered that:

1. The (CASA Program Name) is authorized to designate a responsible adult person who has met the criteria and has been sworn in as a (CASA Program Name) volunteer advocate to act as Guardian ad Litem on behalf of the above named child/children;

2. CASA advocate and CASA program shall maintain confidentiality of all records;

3. The CASA advocate and program staff shall have the right to maintain face to face contact with the above named child/children, and provide input into placement decisions affecting the child(ren), including providing recommendations for placements in the child's best interests;

4. The (CASA Program Name) shall receive prior notification of any hearings or other legal proceedings concerning the child(ren), and shall be notified prior to any action taken on behalf of the child(ren) by any party, including placement changes.

5. The CASA advocate or program staff shall have the right to appear and have the opportunity to testify and submit a written report regarding the best interest of the child(ren)and the basis for CASA's recommendations at all hearings or proceedings scheduled in this case;

6. The CASA advocate shall have the right to participate in mediations by an authorized agency or person concerning the child(ren);

7. Upon presentation of this Appointment Order, the CASA advocate and/or CASA program staff shall have the right of access to the following unredacted records for the child:
    - CPS court reports and all records filed with the court
    - Child's educational records
    - Child's physical and mental health records
    - CPS caseworker narratives

- Psychological reports and therapeutic notes regarding the child, including trauma screen and assessment information
- Plans of service for the child and family
- Parent-Child Visitation plan
- Drug/alcohol records for the child **if the child provides written permission**
- Home studies of potential placements, foster, relative and adoptive, as per MOU
- RTC or CPA Individual Plan of Service
- Placement Common Application
- Placement Serious Incident Reports

8. Upon presentation of this Appointment Order, the CASA advocate and/or the CASA program staff shall have the right of access to the following records for the case (access permitted if box checked):
   - ☐ Psychological reports, therapeutic notes, and any other progress notes regarding services the parent receives or has received
   - ☐ Drug/alcohol records and reports regarding services the parent receives or has received **if the parent provides written permission**.

Signed this _____day of _____, 20__.

Judge _____ (name), _____ Court

CAUSE NUMBER:

IN THE INTEREST OF:	*	**IN THE _____ COURT**
	*	**OF _____ COUNTY,**
CHILDREN	*	

ORDER APPOINTING CASA OF (Name) COUNTY

The court hereby orders the appointment of (CASA Program Name) in the above referenced matter to represent the best interests of the child as a volunteer advocate as defined in section 107.031of the Texas Family Code. It is further ordered that:

1. The (CASA Program Name) is authorized to designate a responsible adult person who has met the criteria and has been sworn in as a (CASA Program Name) volunteer advocate to act as a "Court Appointed Special Advocate" on behalf of the above named child/children;

2. CASA advocate and CASA program shall maintain confidentiality of all records;

3. The CASA advocate and program staff shall have the right to maintain face to face contact with the above named child/children, and provide input into placement decisions affecting the child(ren), including providing recommendations for placements in the child's best interests;

4. The (CASA Program Name) shall receive prior notification of any hearings or other legal proceedings concerning the child(ren), and shall be notified prior to any action taken on behalf of the child(ren) by any party.

5. The CASA advocate or program staff shall have the right to appear and have the opportunity to testify and submit a written report regarding the best interest of the child(ren)and the basis for CASA's recommendations at all hearings or proceedings scheduled in this case;

6. The CASA advocate shall have the right to participate in mediations by an authorized agency or person concerning the child(ren);

7. Upon presentation of this Appointment Order, the CASA advocate and/or CASA program staff shall have the right of access to the following unredacted records for the child:
    - CPS court reports and all records filed with the court
    - Child's educational records
    - Child's physical and mental health records
    - CPS caseworker narratives

- Psychological reports and therapeutic notes regarding the child, including trauma screen and assessment information
- Plan of service for child and family
- Parent-Child Visitation plan
- Drug/alcohol records for the child **if child provides written permission**
- Home studies of potential placements, foster, relative and adoptive, as per MOU
- RTC or CPA Individual Plan of Service
- Placement Common Application
- Placement Serious Incident Reports

8. Upon presentation of this Appointment Order, the CASA advocate and/or the CASA program staff shall have the right of access to the following records for the case (access permitted if box checked):
   - ☐ Psychological reports, therapeutic notes, and any other progress notes regarding services the parent receives or has received
   - ☐ Drug/alcohol records and reports the parent receives or has received **if parent provides written permission.**

Signed this _____day of _____, 20__.

Judge _____ (name), _____ Court

TEXASCASA
Court Appointed Special Advocates
FOR CHILDREN

Texas CASA is a statewide association of 71 local programs that recruit, train and support volunteers to advocate for foster children in 207 counties.

IN 2013

7,611 Volunteers

23,621 Children Served

651 MORE CHILDREN SERVED THAN 2012

1 YEAR of CASA advocacy is LESS THAN **1 MONTH** of foster care.

When a home is no longer safe and a child must enter foster care, a judge may appoint a CASA or Court Appointed Special Advocate, a volunteer to guide that child to a safe and permanent home as quickly as possible.

7,159,172 *Child population of Texas (2013)* → **66,398** *CPS confirmed child abuse victims* → **17,022** *Children removed from their homes* → **30,740** *Children in foster care*

CASA Needs Volunteer Diversity

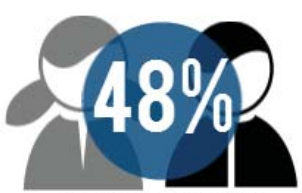
Having CASA volunteers from similar ethnic backgrounds as the children they serve is important to providing quality advocacy.

CHILDREN SERVED

White (41%) African American (20%) Hispanic (30%) Asian (0%) Other (8%)

CASA VOLUNTEERS

White (74%) African American (9%) Hispanic (15%) Asian (1%) Other (1%)



of children in foster care are boys

of CASA volunteers are men

Many children in foster care have never had a positive male role model in their lives. We need to recruit more men to step forward to improve gender diversity among CASA volunteers.

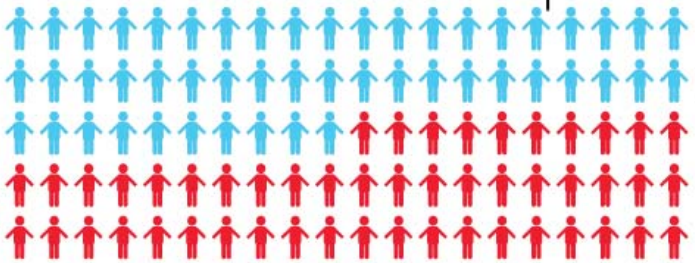
CHILDREN WITH A CASA VOLUNTEER ARE:

More likely to pass all classes in school,

Less likely to spend 3 or more years in foster care, and

Less likely to re-enter care once they find a permanent home.

49% DO NOT HAVE A CASA VOLUNTEER



46,649 Number of children in care in 2013

23,621 Number of children who had a CASA in 2013

CASA saves children's lives and taxpayer's money.

Our Vision: A CASA VOLUNTEER FOR EVERY CHILD WHO NEEDS ONE.

Learn more at www.BecomeACASA.org

Information provided by 2013 DFPS databooks, & Texas CASA 2013 data

Panel 2:

Texas Alliance of Child and Family Services (TACFS)

House Select Committee on Child Protection
Public Hearing July 1, 2014
Texas Alliance of Child and Family Services Testimony

I appreciate the opportunity to present the Committee with an overview of the service provider community that plays a critical role in the continuum of Child Protective Services. I am Nancy Holman, Executive Director of the Texas Alliance of Child and Family Services (Alliance), a 39-year-old statewide association representing the private organizations that contract with Texas Department of Family and Protective Services (DFPS) to provide services and treatment to the children in their conservatorship.

The Alliance membership represents every service provider type, including foster care, residential group care, residential treatment services, emergency shelters, adoption services, human trafficking services, and prevention services. Current membership includes agencies that contract directly with DFPS, as well as agencies that operate under no pay contracts with the state, or serve children and families outside DFPS children.

STABLE PROVIDER NETWORK

Child Protective Services operates a critical challenging system; however, it does benefit from having a stable, experienced provider network that is mission driven to serve abused and neglected children and their families. In FY2006, there were 10,459 total licensed residential child care operations in Texas, and in FY2013 that number remains fairly constant with 10,285 operations. The vast majority of these operations are non-profit organizations, and they currently care for 90% of the 16,676 children placed in foster care in FY2013.

TYPES OF FOSTER CARE SETTINGS

Foster care is a subset of substitute care and includes all children living in a verified foster care placement. For a foster home placement, this means the foster parents have been screened and completed all required training; and the home has been carefully assessed to ensure a safe environment in compliance with licensing standards. Separate standards apply in residential settings where staff training and child/staff ratios must be met before a child can be placed in a facility that is licensed by the state. In FY2013, 81% of children were served in foster home settings.

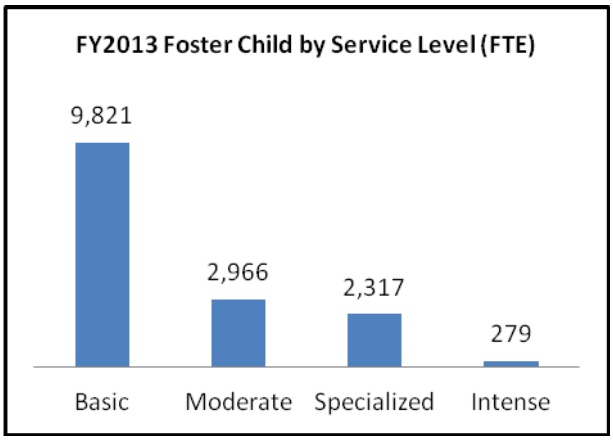
Children are placed in foster care when DFPS has been granted custody of the child and a suitable relative is not available. Children remain in foster care until they can be reunited with their family or another permanent home can be found. A small percentage of children age out of the system. (In FY 2013, 5.7% of foster children were emancipated from paid foster care).

There are primarily four categories of licensed care within which most children are placed, all of which are operated by private organizations. (DFPS continues to operate a small number of foster homes.) Placements settings include:

- **Child Placing Agency (CPA) Home:** CPAs are licensed by Texas to recruit, screen, train, supervise and support foster homes. CPAs oversee the safety and well-being of children placed in their homes. (71% of children)
- **DFPS Foster Home:** DFPS recruits and supervises a small number of homes which primarily serve children with basic level needs. (10% of children served)
- **Residential Treatment Center (RTC):** RTCs care for children with severe emotional needs that require 24-hour supervision by direct care staff in a secure residential setting. (9% of children served)
- **Basic Residential:** Basic residential is a cottage or campus setting meeting basic child needs. (5% of children)
- **Emergency Shelter:** Provides shelter to children with stays of less than 90 days. (3% of children)

SERVICES PROVIDED AND REIMBURSEMENT LEVELS

The services each child needs are determined following a careful assessment, after which a service level is authorized for the child. Under the current system, there are four authorized service levels based on a child's service needs. The majority of children are served at the basic level.



- **BASIC**: Children who are capable of responding to traditional parenting interventions, even though they may exhibit brief episodes of misbehavior or stress. (61%)
- **MODERATE**: Children who have problems in one or more areas of functioning. (19% of children)
- **SPECIALIZED:** Consists of a treatment setting, in which caregivers have specialized training to provide therapeutic, habilitative, and medical support. (14.5%)
- **INTENSE**: A high degree of structure to limit the child's access to environments as necessary. Children require 24-hour supervision, caregivers with specialized training, and frequent one-to-one monitoring. (1.7 %)

Specific care and treatment standards are established for each of the four service levels. The standards provide specifics regarding required supervision, child-to-caregiver ratios, medical care, recreation, education, and casework and support services that are needed to meet the child's authorized service needs.

Authorization of the service level for the child is determined by a third party contractor, Youth for Tomorrow (YFT), which is a Texas non-profit organization that specializes in this work. Reimbursement levels for providers are linked to the authorized service level. The cost of care rises in relation to extent of support and services a child needs based on their assessment.

YFT continues to monitor facilities throughout the child's stay to verify compliance with the service level system standards. In addition, YFT reviews the child's clinical records at prescribed intervals to assess their progress and make any adjustment to the authorized service level that is needed. Moderate service level authorizations are reviewed annually, while Specialized and Intense are reviewed every 90 days.

Providers are paid a per diem rate based on the authorized service level for each child that is placed in their care. This cost reimbursement system establishes rates using a published methodology. The calculated rate is based on the average cost of providing services at each level of service. The actual rate paid to contractors has always been less than the average cost, with current reimbursement levels around 85% for a CPA and 79% of cost for an RTC. The majority of contractors operate extensive fundraising programs to supplement the cost.

FY 2014 RESIDENTIAL CHILD CARE REIMBURSEMENT RATES		
Service Level	Provider Type	Rate
Basic	Child Placing Agency	$41.94
	Residential Treatment Facility	$45.19
Moderate	Child Placing Agency	$76.31
	Residential Treatment Facility	$103.03
Specialized	Child Placing Agency	$101.65
	Residential Treatment Facility	$148.11
Intense	Child Placing Agency	$186.41
	Residential Treatment Facility	$260.17
	Emergency Shelter	$122.20
Table does not Include of all FY2014 Rate Categories		

***Capacity Building**:* In addition to providing authorized services to children in their care, private providers recruit, screen, and train new foster/adoptive families as part of their reimbursement. These is a vital function to address the State's capacity needs. Residential facilities also seek guidance from DFPS on where new facilities are needed to serve children in various regions of the state.

LEVELS OF OVERSIGHT

In addition to the utilization management and monitoring of service standards provided by YFT, providers that contract with DFPS have two additional oversight entities:

Residential Child Care Licensing: To operate a child placing agency or a general residential operation in Texas, you must be licensed. There is an extensive set of minimum Residential Child Care Licensing (RCCL) standards developed specific to a Child Placing Agency license and to a General Residential Operation license. Standards for each license are comprehensive including provisions regarding organizational structure, staffing and caregiver requirements, and medical services, including the use of psychotropic medications and emergency behavior interventions. CPAs also have extensive requirements regarding the screening, verification and supervision of foster homes. Residential Child Care Licensing monitors CPAs, residential operations, and a sampling of foster homes for compliance with minimum standards. In FY2013, there were 370 licensed CPAs supervising 9,676 homes, 161 general residential operations, and 74 residential treatment centers.

Residential Child Care Contracts

DFPS currently contracts with about 300 licensed-residential child care providers, and uses residential contract managers to monitor and manage these contracts. Residential Child Care Contracts focus on contract expectations for placement and care of children, but also provide specifics regarding discharges, payments, intermittent care, and basic food and clothing requirements. Service requirements for each authorized service level (Basic, Moderate, Specialized, and Intense) are also incorporated into each contract as an attachment.

Contract managers work closely with YFT to coordinate oversight. Standards for service levels and contracts can overlap with licensing standards, and are often more stringent. In cases where standards overlap, providers comply with the most stringent standard.

Accreditation

Some private providers invite an additional layer of oversight by voluntarily becoming accredited by a national accreditation organization. The Council on Accreditation (COA) is the most widely used organization for child welfare agency accreditation. Currently twenty-three organizations in Texas that provide foster care, residential, and/or family services are accredited by COA. COA accreditation adds specific standards regarding caseload, family work, and risk management and quality assurance practices.

ADOPTION SERVICES

Private agencies also play a large role in finding adoptive homes for children. Many agencies do this as an integral part of providing foster care services to ensure a more seamless continuum of care for children. These agencies license their homes as foster-to-adopt, which facilitates adoption of the child by their foster family in cases where parental rights were terminated and adoption is the permanency goal for the child. There are also agencies that operate primarily as an adoption agency, and they work with DFPS to find homes for the 6,581 children awaiting adoption. In FY2013, 51.6% of adoptions were completed by DFPS, and 48.4% by others, including private agencies.

Private entities also administer the state's post-adoption program which provides supports to children with special needs who are adopted. These critical transitional supports help keep adoptions from breaking down.

CHALLENGES FOR SERVICE DELIVERY

The current service delivery and payment structure presents challenges for providers on several fronts. It is difficult to build seamless continuums of care, to plan resource development where needed, and to comply with best practice standards of working with both the child and the child's family.

Contractors in Texas are limited to working only with the child, and the DFPS caseworker manages service delivery to the child's family. Since the goal for many children is family reunification, combining this work is recommended and is a requirement for accredited agencies.

Federal requirements have heightened State efforts to keep children in stable placements and limit moves. Providers have expanded their efforts to qualify families to care for children with multiple service level needs, so children who improve do not have to change placements. However, under the current reimbursement system, funding decreases as the child improves, making it difficult to maintain all homes with this level of expertise and training.

Efforts are underway to build more performance outcomes into residential contracts; however, adequate authority must be vested with the contractor to deliver more meaningful outcomes. In Texas, contractors have no authority over placements and placement changes, which limits the impact they can have on permanency outcomes for children.

Low reimbursement levels have historically and continue to be a challenge to meeting all service delivery needs. Providers continue to devote substantial time and resources to fundraising to address cost deficits.

COLLABORATIONS

The service provider community has a strong working relationship with DFPS. There are two established committees that meet quarterly. The Committee for Advancing Residential Practices meets to address the full range of regulatory, contract, and rate issues impacting the current service delivery system. Specialized workgroups are established from the committee to address identified issues. DFPS makes all final recommendations for changes in critical areas, but workgroup discussions allow both partners to work together to address critical capacity and outcome issues. Membership consists of private providers representing various service types from around the state and key DFPS leadership staff.

The second established workgroup is the Public Private Partnership Committee (PPP) which focuses on monitoring implementation of Foster Care Redesign. Foster Care Redesign restructures the current service delivery system with the goal of building needed capacity and improving outcomes for children. That committee includes members of the Judiciary, CASA, the Children's Commission, and other key represents. Each established committee informs the other committee of their work.

In addition, providers work collaboratively with DFPS to address capacity issues that spike periodically in the system. The provider network in each DFPS region establishes a working relationship with their regional office. In some regions CPS staff and providers hold established meetings to discuss issues impacting service delivery in the region.

Providers also collaborate with each other to build stronger continuums of care for their organizations and provide consultation and trainings to their peers. There is also an increasing number of mergers between agencies to allow for service expansion and consolidation of administrative costs.

CLOSING COMMENTS

The Texas service provider community consists of strong, well-established organizations that have a long history of serving children and families in the State. The relationship and partnership between the service providers and DFPS is critical to meeting the service needs of children and improving their outcomes.

CONTACT INFORMATION

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